

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH County Graham State Arizona District or Township Safford or Village Central City Central No. 111 State File No. 69 Registered No. 111

2. FULL NAME Mrs. Naomi Christensen (a) Residence, No. Central St. Central Ward Central Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE W 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day and year) Nov-9-1931 7. AGE Years Months Days IF LESS than day hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) Central (State or country) 10. NAME OF FATHER J. P. Christensen 11. BIRTHPLACE OF FATHER (State or country) (city or town) 12. MAIDEN NAME OF MOTHER Larine Lee 13. BIRTHPLACE OF MOTHER (State or country) (city or town)

14. Informant J. P. Christensen (Address) Central

15. Filed Dec 18/31 J. W. Statten Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11-9-31 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 1931 to 1931 that I last saw him live on 11-9-1931 and that death occurred, on the date stated above, at 12:45 P.M. The CAUSE OF DEATH\* was as follows:

Still of Borne. P. death from unable to replace (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted If not at place of death?

Did an operation precede death? Date of Was there an autopsy?

What test confirmed diagnosis? (Signed) W. Harris M. D. Nov 9/ 19 31 (Address) Safford

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL Central, Ariz. Nov-9-31

20. UNDERTAKER Frank Cluff Central ADDRESS

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.