

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

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

1. PLACE OF DEATH
 County Braham State Arizona State File No. 73
 District or Township Safford or Village Pima Registered No. 114
 City Safford No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Joseph P. Farsen
 (a) Residence No. _____ (Usual place of abode) St. _____ Ward _____
 (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 32 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 White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Single
 (Write the word)

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 1899

7. AGE Years Months Days IF LESS than
32 — — — day hrs or min

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (city or town) Ariz.
 (State or country)

10. NAME OF FATHER George Farsen
 11. BIRTHPLACE OF FATHER Denmark (city or town)
 (State or country)
 12. MAIDEN NAME OF MOTHER Hanney Ruchey
 13. BIRTHPLACE OF MOTHER Utah (city or town)
 (State or country)

14. Informant Sam. Farsen
 (Address) Pima Ariz.

15. Filed Dec 8/31 J. M. Stratton
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 18 1931
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 10-12, 1931 to 11-18, 1931,
 that I last saw him live on 11-18, 1931,
 and that death occurred, on the date stated above, at 11-10 A.M.
 The CAUSE OF DEATH was as follows:
Gastric Ulcer
 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diarrhea for 11-18
Ulcer on nose
 (duration) yrs. mos. ds.

18. Where was disease contracted
 If not at place of death?
 Did an operation precede death? No Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? symptomatic
 (Signed) J. M. Morris M. D.
11-18 1931 (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 Pima Ariz DATE OF BURIAL Nov. 19-31
 ADDRESS

20. UNDERTAKER W. C. Rausser
Safford