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MARGIN RESERVED FOR [illegible]INLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible] AGE should be stated [illegible] be properly [illegible] item of information should be carefully supplied. AGE should be stated so that it may be properly [illegible] 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.

N. B.—WRITE [illegible]INLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible] AGE should be stated [illegible] item of information should be carefully supplied. AGE should be stated so that it may be properly [illegible] 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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 141

Registered No. 116

1. PLACE OF DEATH

County MARICOPA State ARIZONA

Township ..... or Village ..... or

City TEMPE No. ..... St. ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME HANNAH CHRISTINA CHLARSON

(a) Residence: No. THATCHER ARIZONA St., ... Ward. ..... (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE

4. COLOR OR RACE WHITE

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HANS N. CHLARSON

6. DATE OF BIRTH (month, day, and year) OCT. 22, 1849

7. AGE Years 83 Months 1 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) SWEEDEN

FATHER

13. NAME JOHN G. BJORKMAN

14. BIRTHPLACE (city or town) (State or country) SWEEDEN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) SWEEDEN

17. INFORMANT (Address) ALBERT CHLARSON TEMPE ARIZONA

18. BURIAL, CREMATION, OR REMOVAL Place THATCHER ARIZ. Date 12/8/, 1932

19. UNDERTAKER (Address) MELDRUM MORTUARY MESA ARIZONA

20. Filed Dec 10, 1932 Mary R. Cotter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) DEC. 7, 1932

I HEREBY CERTIFY That I attended deceased from

22. Dec 7 1932 to Dec 7 1932

I last saw h.e.a. alive on Dec 7 1932 death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

Burned

Date of Onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 7, 1932

Where did injury occur? Tempe Arizona (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home Clothes accidentally

Nature of injury caught fire

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. B. Moen M. D.

(Address) 104 E. 6th St. Tempe Ariz.