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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: Selmonville
City: Selmonville
2. FULL NAME: Ned. Larson
(a) Residence, No.: Selmonville St.: Ward:
Length of residence in city or town where death occurred yrs. 8 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
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day and year): June 8, 1932
7. AGE: Years: 7 Months: 9 Days: IF LESS than 1 day: hrs. or min.
8. OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Selmonville
10. NAME OF FATHER: W. M. Larson
11. BIRTHPLACE OF FATHER (city or town) (State or country): Ariz.
12. MAIDEN NAME OF MOTHER: Annie Bryce
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ariz.
14. Informant: W. M. Larson (Address) Selmonville Ariz.
15. Filed: March 8, 1933 Registrar: J. H. [Signature]

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: Feb 17 1933
17. HEREBY CERTIFY That I attended deceased from Feb 13, 1933 to Feb 17, 1933 that I last saw him live on Feb - 17, 1933 and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH* was as follows:
Bilateral Pneumonia
CONTRIBUTORY (Secondary) Pertussis
18. Where was disease contracted? If not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? (Signed) J. H. [Signature] M. D. Feb. 17 1933 (Address) Safford
* State the Disease Causing Death, or in death 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: Safford, Ariz DATE OF BURIAL: Feb. 18-33
20. UNDERTAKER: A. C. Rawson ADDRESS: Safford.

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.