

1839

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.

*affidavit attached*

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County Maricopa State ARIZONA State File No. 201  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 1235  
 City Phoenix No. 515 E. Van Buren St. \_\_\_\_\_ or \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Lena Nevada How long in State when death occurred? 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. **93C**  
 (a) Residence: No. Route 8 Box 504 St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>Sept. 29, 1933</u>	22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ I last saw him _____ alive on _____ death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Chc myocarditis</u> <u>Exophtalmic goiter?</u> <u>Pre senescence</u> Other contributory causes of importance: _____
5a. If married, widowed, divorced, HUSBAND of (or) WIFE of <u>Clement Nevada</u>		6. DATE OF BIRTH (month, day, and year) <u>Aug. 25, 1908</u>	7. AGE Years <u>25</u> Months <u>1</u> Days <u>4</u> If LESS than 1 day, _____ hrs. _____ min.	Date of Onset <u>2 mo.</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		11. Total time (years) spent in this occupation _____	
10. Date deceased last worked at this occupation (month and year) _____		12. BIRTHPLACE (city or town) (state or country) <u>So. Dakota</u>		13. NAME <u>John Johnson</u>	
13. NAME <u>John Johnson</u>		14. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>		15. MAIDEN NAME <u>Wm. Jensen</u>	
14. BIRTHPLACE (city or town) (State or country) _____		15. MAIDEN NAME _____		16. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>	
15. MAIDEN NAME _____		16. BIRTHPLACE (city or town) (State or country) _____		17. INFORMANT (Address) <u>Clement Nevada</u> <u>Route 8 Box 504</u>	
16. BIRTHPLACE (city or town) (State or country) _____		17. INFORMANT (Address) _____		18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood</u> Date <u>Oct. 2, 1933</u>	
17. INFORMANT (Address) _____		18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____		19. UNDERTAKER (Address) <u>W. L. Mason &amp; Sons</u> <u>Phoenix</u>	
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____		19. UNDERTAKER (Address) _____		20. Filed <u>10 2</u> , 19 <u>33</u> Registrar <u>O. H. Thayer</u>	
19. UNDERTAKER (Address) _____		20. Filed _____, 19____ Registrar _____		23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____	
20. Filed _____, 19____ Registrar _____		23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>[Signature]</u> M. D. (Address) <u>[Address]</u>	