2116

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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 51

Registered No. 22

1. PLACE OF DEATH

County Coconino State Arizona

Township or Village

City Flagstaff No. Mercy Hospital 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 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Maroni Nielsen (Is long in state when death occurred?)

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

(Usual place of abode)

121

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

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

5a. ~~If married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Lavora Nielson

6. DATE OF BIRTH (month, day, and year) July 19, 1908

7. AGE Years 25 Months 9 Days If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) March 31, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) New Mexico

FATHER

13. NAME Frederick Nielson

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

MOTHER

15. MAIDEN NAME Mary Eliza Holgate

16. BIRTHPLACE (city or town) (State or country) St Johns, Ariz

17. INFORMANT (Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Saint Johns. Date 4/5, 1934

19. UNDERTAKER W. L. Lamoton (Address) Flagstaff Ariz

20. Filed Apr. 5, 1934 A. H. Sneemann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934, to April 4, 1934

I last saw him alive on April 4, 1934; death is said to have occurred on the date stated above, at 11 m.

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

	Date of Onset
Ruptured appendix c abscess formation	

Other contributory causes of importance:

hemorrhage from abscess cavity

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? no 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? no

If so, specify

(Signed) Chas W. Sechrist, M. D.

(Address) Flagstaff Arizona

SM 2-8-33 MS-47971

Back of Certificate to be used for any additional Information