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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

#1

BUREAU OF VITAL STATISTICS

State File No. 39a

Registered No. 6

1. PLACE OF DEATH
County: Cochise
Township:
City: St. David State: ARIZONA
or Village:
No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

2. FULL NAME Francetta Rosetta Christensen
(a) Residence: No. St. David Ariz. How long in State when death occurred? 57 yrs. mos. ds.
(Usual place of abode) St., Ward. (If non-resident give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 James N. Christensen
6. DATE OF BIRTH (month, day, and year) May-3-1858
7. AGE: Years 76 | Months 7 | 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. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caring for home
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) Smith Field, Utah

FATHER
13. NAME Samuel B. Merrill
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Elizabeth D. Runyon
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. N. Christenson
(Address) St. David, Ariz

18. BURIAL, CREMATION, OR REMOVAL
Place St. David Date Dec 20 1934

19. UNDERTAKER Hennessay Bisbee
(Address) Ariz

20. Filed Feb 3, 1935 Arnold Christensen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934, to Dec 17, 1934
I last saw him alive on Dec 16, 1934; death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis

Date of Onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (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): N Morrison M. D.
(Address): Benson, Arizona

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information