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Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 47

Registered No. ..... or

ARD CERTIFICATE OF DEATH

State ARIZONA

CE OF DEATH Cochise

nty ..... or Village St. David

wnship ..... Ward

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

h of residence in city or town where death occurred ..... St., ... No. ..... How long in this city, town or county ..... yrs. ..... mos. ..... ds. If of foreign birth? ..... yrs. ..... mos. ..... ds. How long in U. S. ..... yrs. 51 yrs. ..... mos. ..... ds. How long in State where death occurred? ..... yrs. ..... mos. ..... ds.

FULL NAME Mattie Julia Pedersen Busby

(a) Residence: No. ..... St., ... Ward ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of H. C. Busby

6. DATE OF BIRTH (month, day, and year) Dec. 19-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61		21	

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. .....

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

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fairview (state or country) Utah

FATHER

13. NAME Niels Pedersen

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

MOTHER

15. MAIDEN NAME Julia Anderson

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

17. INFORMANT H. C. Busby (Address)

18 BURIAL, CREMATION, OR REMOVAL Burial

Place St. David Date 1/10, 1935

19. UNDERTAKER Dailey (Address)

20. Filed 1/9, 1935 Henry L. Lappenmann, M.D. Registrar

By Gillie Irene

Back of Certificate to be used for any Additional Information

20M 4-19-33 MS 48294 Form 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1935, to 1-9, 1935

I last saw her alive on 1-8, 1935; death is said to have occurred on the date stated above, at 4 A m.

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

Cerebral Hemorrhage

Date of Onset 1-8-35

Other contributory causes of importance:

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

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

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? No

If so, specify ..... M. D.

(Signed) L. W. Moffitt

(Address) Benson

N. B. Item of INFORMANT CAUSE OF DEATH is very important; should state OCCUPATION is very important of OCCUPATION