4890

036

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO._____
REGISTERED NO. _VI_

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
STATE___ARIZONA___

COUNTY ___Gila___   OR VILLAGE_____ OR
TOWNSHIP___Globe___ NO.__Gila General Hospital__ ST.,_____WARD
CITY_____ (IF DEATH OCCURRED IN 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 FOREIGN BIRTH?___YRS.___MOS.___DS.
HOW LONG IN STATE WHEN DEATH OCCURRED?__10_YRS.___MOS.___DS.

2. FULL NAME __Bernell M. Madsen__
   (A) RESIDENCE: NO.__City__ ST.,_____ WARD_____ (IF NONRESIDENT GIVE CITY OR TOWN AND STATE)
   (USUAL PLACE OF ABODE)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF __Myra McCune Madsen__

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY,___HRS. OR___MIN.
	26			

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. __Mechanic &__
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. __Trucking__
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) __Summit__
    (STATE OR COUNTY) __Utah__

13. NAME __Nels C. Madsen__
14. BIRTHPLACE (CITY OR TOWN) __Denmark__
    (STATE OR COUNTY)
15. MAIDEN NAME __Norah Hewitt__
16. BIRTHPLACE (CITY OR TOWN) __Utah__
    (STATE OR COUNTY)
17. INFORMANT __Myra McCune Madsen__
    (ADDRESS) __Globe Arizona.__
18. BURIAL, CREMATION, OR REMOVAL __Burial__ DATE __3/11/35__ 19___
    PLACE __Globe Cemetery__
19. EMBALMER { LICENSE NO.__181-A__
             { SIGNATURE _____
   FUNERAL DIRECTOR License #10-A _____
   ADDRESS __Globe Arizona.__
20. FILED __March 20__ 19_35_ _____ REGISTRAR

21. DATE OF DEATH (MONTH, DAY, AND YEAR) __Mar. 8__ , 1935
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM __Jany 12th__ , 1935 TO __March 8th__ , 1935
I LAST SAW HIM ALIVE ON __Mch 8__ , 1935 ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT __5:45 A__ M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

DATE OF ONSET

Sub-acute appendicitis & cholecystitis   1933

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Lobar Pneumonia, peritonitis

NAME OF OPERATION __Appendectomy__ DATE OF __Mch 5/35__
WHAT TEST CONFIRMED DIAGNOSIS? __Symptoms__ 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_____
(SIGNED) __W. G. Holt__ M. D.
(ADDRESS) __Globe__

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

ION—10-8-34—REP-GAZ PRINTERY— FORM 3