39

#2

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 32

ARIZONA

Registered No.

1. PLACE OF DEATH
County: Cochise
Township: or Village: or
City: St. David No. 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: 33 yrs. 6 mos. ds. How long in U. S. if foreign born? yrs. mos. ds.
How long in State when death occurred? 55 yrs. mos. ds.

2. FULL NAME: Rebecca Lofgreen
(a) Residence: No. St. David St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. 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: Edward J. Lofgreen

6. DATE OF BIRTH (month, day, and year): Oct. 13. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	0	

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.: 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): Fairview Utah

FATHER
13. NAME: Niels Pedersen
14. BIRTHPLACE (city or town) (State or country): Larum Norway

MOTHER
15. MAIDEN NAME: Juliane Andersen
16. BIRTHPLACE (city or town) (State or country): Nes Norway

17. INFORMANT: Ed. J. Lofgreen
(Address): St David, Arizona

18 BURIAL, ~~CREMATION, OR REMOVAL~~
Place: St David Date: May 15 1935

19. UNDERTAKER: Family and Friends
(Address)

20. Filed: June 10, 1935 A. Christensen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1935 to May 13, 1935
I last saw her alive on May 5, 1935; death is said to have occurred on the date stated above, at 6.30 P.M. May 13
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	Oct. 28 1930

Other contributory causes of importance:

Name of operation: 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? No
If so, specify
(Signed) Lauri W. Moffitt, M. D.
(Address) Benson

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.

MARGIN RESERVED FOR BINDING

20M 4-19-33 M3 48284 Form 3

Back of Certificate to be used for any Additional Information