

444

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** STATE FILE NO. **425**
 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 COUNTY Yavapai STATE ARIZONA REGISTERED NO. 332 J
 TOWNSHIP _____ OR VILLAGE _____
 CITY Prescott NO. _____ ST. _____ WARD _____
 (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 YRS. 2 MOS. _____ DS. _____
 2. FULL NAME Francis L. Borglum HOW LONG IN U. S. IF OF FOREIGN BIRTH YRS. _____ MOS. _____ DS. _____
 HOW LONG IN STATE WHEN DEATH OCCURRED YRS. 2 MOS. _____ DS. _____
 (A) RESIDENCE; NO. Hassayampa Mountain Club. WARD _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9/20/36</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Maud Borglum</u>			22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Aug 15</u> , 19 <u>36</u> TO <u>Sept 20</u> , 19 <u>36</u> I LAST SAW HIM ALIVE ON <u>Sept. 20</u> , 19 <u>36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5:20 P. M.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26, 1879.</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Angina Pectoris</u> <u>8.15.36</u>	
7. AGE	YEARS <u>56</u>	MONTHS <u>9</u>	DAYS <u>24</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Physician U.S. Vet. Adm. Facility</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
	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)				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Fremont, Nebraska</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Myocarditis, chr. 1933</u>	
FATHER	13. NAME <u>Dr. James Borglum</u>		NAME OF OPERATION _____ DATE OF _____		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>No Record Denmark</u>		WHAT TEST CONFIRMED DIAGNOSIS? <u>Exam.</u> WAS THERE AN AUTOPSY? <u>No</u>		
MOTHER	15. MAIDEN NAME <u>Ida Mickelsen</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>No Record Denmark</u>		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)		
17. INFORMANT (ADDRESS) <u>Mrs. Maud Borglum Prescott, Arizona.</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Crematory Sep. 25, 1936 Phoenix, Arizona. 8 A</u>				MANNER OF INJURY _____ NATURE OF INJURY _____	
19. EMBALMER (SIGNATURE) <u>Lester Ruffner</u> FUNERAL DIRECTOR (ADDRESS) <u>Prescott, Arizona.</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u> IF SO, SPECIFY _____ (SIGNED) <u>George Bassett</u> , M. D. (ADDRESS) <u>Prescott, Arizona.</u>	
20. FILED <u>Sept. 23, 1936</u> <u>J. P. M. Kelly</u> REGISTRAR					