

3226

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**
BUREAU OF VITAL STATISTICS STATE FILE NO. **466**

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA REGISTERED NO. _____
TOWNSHIP _____ OR VILLAGE Coolidge Ariz
CITY _____ (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____ WARD _____

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 5 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? unknown YRS. 0 MOS. 0 DS.
2. FULL NAME Theodore Hoodland Lagerquist HOW LONG IN STATE WHEN DEATH OCCURRED? 17 YRS. 0 MOS. 0 DS.
(A) RESIDENCE: NO. _____ ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID. O.WED, OR DIVORCED, (WRITE THE WORD) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lida Lagerquist (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-6-1897
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. 45 3 8
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer
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) (STATE OR COUNTY) unknown Sweden
13. NAME Andrew Theodore Lagerquist
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown Sweden
15. MAIDEN NAME Christina Lundstedt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown Sweden
17. INFORMANT (ADDRESS) Mrs Lida Lagerquist Coolidge Ariz
18. BURIAL, CREMATION, OR REMOVAL PLACE Skull Valley Ariz DATE June 17, 1937
19. EMBALMER (LICENSE NO. 8A) SIGNATURE Nestor Ruffner FUNERAL DIRECTOR Nestor Ruffner ADDRESS Crescent Ariz
20. FILED 1-27 1937 J. I. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 1937
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 4-20, 1936, TO 6-14, 1937
I LAST SAW HIM ALIVE ON 6-14, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:05 A.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pulmonary tuberculosis DATE OF ONSET unknown
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____
NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? laboratory 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 _____
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) J. I. Taylor M. D.
(ADDRESS) Coolidge Ariz