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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

1. PLACE OF DEATH

County Maricopa State ARIZONA State File No. 190
 Township _____ or Village _____ Registered No. 67
 City Phoenix No. 613 W. Roma St. _____ Ward _____
 (If death occurred in a hospital or institution, give the NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Lillian M. Borgquist How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. 613 W. Roma St. _____ Ward _____ (If non-resident, give town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</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>Jan. 14, 1938</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Albert Borgquist</u> (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>1-23</u> , 19 <u>38</u> , to <u>1-14</u> , 19 <u>38</u> I last saw her alive on <u>1-13</u> , 19 <u>38</u> death is said to have occurred on the date stated above, at _____ m.		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 18, 1889</u>					The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>48</u>	Months <u>3</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				<u>Cerebral Embolism</u> <u>11-10-37</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>				<u>Ch. Mitral valve disease - fibrillation of heart</u>	
	10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Washington</u> (State or Country)					Name of operation <u>None</u> Date of _____	
FATHER	13. NAME <u>Stephen Coatney</u>				What test confirmed diagnosis <u>None</u> there an autopsy? <u>No</u>	
	14. BIRTHPLACE (city or town) <u>Missouri</u> (State or Country)				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury _____, 19____ Where did injury occur? <u>None</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
MOTHER	15. MAIDEN NAME <u>Georgia Richardson</u>				Manner of injury <u>None</u>	
	16. BIRTHPLACE (city or town) <u>Missouri</u> (State or Country)				Nature of injury _____	
17. INFORMANT <u>Albert Borgquist</u> (Address) <u>613 W. Roma, Phx. Ariz.</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood</u> Date <u>1-18-38</u>					(Signed) <u>James L. Johnson</u> M. D. (Address) <u>Prof. Bldg. Phoenix</u>	
19. EMBALMER { License No. _____ Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>A. L. Moore & Sons</u> Address <u>Phoenix, Arizona.</u>					20. Filed <u>1-18</u> , 19 <u>38</u> Registrar <u>[Signature]</u>	