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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Dade State ARIZONA Registered No. 074
Township Miami Village _____
City _____ No. Inspiration Hospital 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 15 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 15 yrs. 0 mos. 0 ds.
2. FULL NAME Charles Omland How long in state where death occurred? 15 yrs. 0 mos. 0 ds.
(a) Residence: No. 10 Van Minkels Canyon St. _____ Ward _____
(Usual place of abode) (If not 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>4-17, 1938</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mabel Omland</u>				I HEREBY CERTIFY, That I attended deceased from <u>Apr 8</u> , 19 <u>38</u> to <u>4-16</u> , 19 <u>38</u>	
6. DATE OF BIRTH (month, day, and year) <u>Aug 17, 1878</u>				I last saw him alive on <u>4-16</u> , 19 <u>38</u> ; death is said to have occurred on the date stated above, at <u>3:45</u> p.m.	
7. AGE Years <u>59</u> Months <u>8</u> Days _____	If LESS than 1 day, _____ hrs. or _____ min.			The principal cause of death and related causes of importance were as follows: <u>Carcinoma of liver (Primary)</u> Date of Onset <u>?</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Smelter Foreman</u>				Other contributory causes of importance:	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Name of operation <u>Exploration</u> Date of <u>3-12-38</u>	
10. Date deceased last worked at this occupation (month and year)				What test confirmed diagnosis? _____ Was there an autopsy? _____	
11. Total time (years) spent in this occupation				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.	
12. BIRTHPLACE (city or town) (State or Country) <u>Chatfield, Minnesota</u>				Manner of injury _____ Nature of injury _____	
13. NAME <u>Louis Omland</u>				24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>lung cancer</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>unknown</u>				(Signed) _____ M. D. (Address) <u>Miami-Inspiration Hospital</u>	
15. MAIDEN NAME _____				Registrar	
16. BIRTHPLACE (city or town) (State or Country) _____				20. Filed <u>APR 18 1938</u>	
17. INFORMANT (Address) <u>Mrs. Charles Omland, 10 Van Minkels Canyon</u>				Funeral Director <u>Miles Mortuary, Miami, Fla.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Funeral Home</u> Date <u>4-19, 1938</u>				Embalmers License No. <u>200 A</u> Signature <u>W. H. McEllan</u>	

10M-7-20-37-Sims-Form 3-100% RAG Back of Certificate to be used for any Additional Information Miami, Arizona