

2526

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

67

### 1. PLACE OF DEATH

County Gila State Arizona Registered No. \_\_\_\_\_  
 Township \_\_\_\_\_ or Village San Carlos or \_\_\_\_\_  
 City \_\_\_\_\_ No. San Carlos 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if not foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

### 2. FULL NAME Herman Larson

(a) Residence: No. Pima, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Aug. 13, 1917</u>		
7. AGE	Years <u>21</u>	Months <u>2</u>
	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>Clerk, store</u>	
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Present</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) <u>Pima, Arizona</u> (State or country)		
FATHER	13. NAME <u>Silas Larson</u>	
	14. BIRTHPLACE (city or town) <u>Pima, Arizona</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Clara Allrod</u>	
	16. BIRTHPLACE (city or town) <u>Pima, Arizona</u> (State or country)	
17. INFORMANT <u>Father</u> (Address) <u>Pima, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Funerary Home</u> Date <u>Nov 11, 1938</u>		
19. UNDERTAKER <u>W.C. Rawson</u> (Address) <u>2477 Broadway</u>		
20. FILED _____ 19 _____ <u>San Carlos, Arizona</u> Registrar		

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1938 to Nov. 9, 1938  
 I last saw him alive on Nov. 9, 1938 death 10:15 a.m.  
 to have occurred on the date stated above, at 10:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Temporal fractures of skull  
Fracture cervical vertebrae

Other contributory causes of importance: \_\_\_\_\_

Name of operation NO Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray Was there an autopsy? D

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? accident Date of Injury 11/9/38  
 Where did injury occur? Highway, Peridot  
(Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Public highway  
 Manner of Injury Automobile overturned  
 Nature of Injury As above

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) W.C. Rawson M. D.  
 (Address) San Carlos, Arizona

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. See instructions on back of certificate.

B-2009-1  
 U. S. No. 98