

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 Cochise

Township Douglas

City Douglas

State ARIZONA

State File No. 68

Registered No. 185

No. Gadsden Hotel 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. 1 ds. How long in U. S. if of foreign birth? ... yrs. mos. ds.

2. FULL NAME Olaus Karlsbrotten

(a) Residence: No. Dos Cabazos Arizona St. _____
(Usual place of abode)

How long in State when death occurred? ... yrs. mos. 4 ds.

Ward Spring Grove Minn.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a If married, widowed, or divorced HUSBAND of Julia Karlsbrotten (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-17-1875

7. AGE Years 63 Months II Days II If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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 Country) Minn.

13. NAME Erick Karlsbrotten

14. BIRTHPLACE (city or town) (State or Country) Norway

15. MAIDEN NAME Kari Rask

16. BIRTHPLACE (city or town) (State or Country) Norway

17. INFORMANT Mrs George Amalong (Address) Dos Cabazos Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Dos Cabazos Arizona Date 12-31-38

19. EMBALMER License No. 120-4 Signature Howard E Ames

FUNERAL DIRECTOR Porter & Ames Address Douglas Arizona

20. Filed Dec 28 1938 Registrar Edward Ames

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-28-38

22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1938, to 12/27, 1938

I last saw him (alive) on 12/27, 1938; death is said to have occurred on the date stated above, at 12.45 A. M.

The principal cause of death and related causes of importance were as follows:

Nephritis Chronic Date of Onset _____

Myocarditis Chronic

Other contributory causes of importance:

Arteriosclerosis

Asthma

Name of operation None Date of _____ # 110

What test confirmed diagnosis? Clinical 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 _____, 19____

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) C. W. Callaway, M. D. (Address) Douglas Ariz