

642

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 102
Registered No. 72

1. PLACE OF DEATH
County Yavapai State ARIZONA
Township _____ or Village _____
City Thatcher No. _____ 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 40 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth 70 yrs. ____ mos. ____ ds.

2. FULL NAME Anna Louise Charlson How long in State where death occurred 4 yrs. ____ mos. ____ ds.
(a) Residence: No. Thatcher, Ariz St. _____ Ward _____
(Usual place of abode) (If non-resident give city or 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>Widowed</u> | | 21. DATE OF DEATH (month, day, and year) <u>July 25, 1939</u> | 22. I HEREBY CERTIFY, That I attended deceased from <u>July 18, 1939</u> to <u>July 25, 1939</u> I last saw her alive on <u>July 25, 1939</u> death is said to have occurred on the date stated above, at <u>7:50 PM</u> The principal cause of death and related causes of importance were as follows: <u>Apoplexy</u> Other contributory causes of importance: <u>Chronic endocarditis</u> |
| 6a. If married, widowed, or divorced HUSBAND of <u>Hanson N Charlson</u> (or) WIFE of _____ | | 6. DATE OF BIRTH (month, day, and year) <u>Nov. 16, 1852</u> | | Date of Onset | |
| 7. AGE <u>86</u> | Years <u>8</u> | Months <u>9</u> | Days <u>9</u> | If LESS than 1 day, ____ hrs. or ____ min. | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u> | | 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) <u>Stockholm</u> (State or Country) <u>Sweden</u> | | 13. NAME <u>Anna Carl Magnus Munson</u> | |
| 14. BIRTHPLACE (city or town) <u>Sweden</u> (State or Country) | | 15. MAIDEN NAME <u>Catrina</u> | | 16. BIRTHPLACE (city or town) <u>Sweden</u> (State or Country) | |
| 17. INFORMANT <u>Mrs. Flora Nelson</u> (Address) <u>Thatcher</u> | | 18. BURIAL, CREMATION, OR REMOVAL Place <u>Thatcher Ariz</u> Date <u>July 27 1939</u> | | 19. EMBALMER License No. _____ Signature _____ | |
| 20. FUNERAL DIRECTOR <u>W. C. Rawson</u> Address <u>313 1/2 N. 1st St. Thatcher Ariz</u> | | 20. Filed <u>Aug 21 1939</u> Registrar <u>W. C. Rawson</u> | | 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. C. Rawson</u> M. D. (Address) <u>Thatcher Arizona</u> | |

5M-7/6/38 Form 3 10% Risk Back of Certificate to be used for any Additional Information