

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

State File No. _____

1. PLACE OF DEATH
 County Apache State ARIZONA Registered No. _____
 Township _____ or Village _____
 City St Johns 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 _____ yrs. _____ mos. _____ ds. How long in U. S. of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Anna Louise Anderson How long in State when death occurred _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. St Johns Arizona Ward _____
 (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) widow
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles P. Anderson
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
83 yrs

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Music Teacher
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 70 yrs

12. BIRTHPLACE (city or town) (State or Country) Sweden

13. NAME John Anderson

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

15. MAIDEN NAME Maria Stiva Olson

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

17. INFORMANT (Address) Albert Anderson St Johns, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Arizona Date 12 28, 1939

19. EMBALMER License No. _____ Signature None

FUNERAL DIRECTOR Hugh Riskey Address St Johns Arizona

20. Filed 12-28, 1939 Gerald C. Lewis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-27, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1939 to 12/26, 1939
 I last saw ~~her~~ alive on 12/26, 1939; death is said to have occurred on the date stated above, at 10 A m.

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

Bronchial pneumonia
myocarditis

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
No

If so, specify _____
(Signed) Gerald C. Lewis M. D.
(Address) St Johns Ariz