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18

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 Springerville or

City..... 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. 1/2 ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Frances Magdalene Burk How long in State when death occurred 22 yrs. unk mos. unk ds.

(a) Residence: Mutrisco Arizona ; (If nonresident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Aschel Woodruff Burk

6. DATE OF BIRTH (month, day, and year) Mar 2, 1885

7. AGE: Years 54 | Months 1 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or Country) Vernal Utah

FATHER

13. NAME John Nielson

14. BIRTHPLACE (city or town) (State or Country) unknown Denmark

MOTHER

15. MAIDEN NAME Frances Magdalene Higgins

16. BIRTHPLACE (city or town) (State or Country) Unknown (Europe)

17. INFORMANT (Address) Karl Burk Mutrisco, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Alpine Arizona Date Jan 1, 1940

19. EMBALMER { License No. ..... Signature No Embalmer

FUNERAL DIRECTOR Wm H. Burk

Address Mutrisco Arizona

20. Filed Jan 10th, 1940. Mrs W H Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 P.M., 1939, to Dec 30 - A.M., 1939.

I last saw him alive on Dec 30, 1939; death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows: Acute pancreatitis — Date of Onset Dec 28-39

Other contributory causes of importance: Myocardial degeneration — unknown

Name of operation none Date of .....

What test confirmed diagnosis? none 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? No.

If so, specify .....

(Signed) James A. Chapman M. D.

(Address) Springerville Arizona

Back of Certificate to be used for any Additional Information

5M 12-16-38 A.P. Form 3 100% Rag

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.

MARGIN RESERVED FOR BINDING