ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

266

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 62

1. Place of Death: (a) County Navajo (b) City or Town Keams Canyon (If outside city limits write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution - ; In Community - 3 days ; In Arizona 3 Yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Phoenix (If outside city limits write RURAL)

(d) Street No. 39 Columbus Ave. (e) If foreign born, In U. S. A. 32 yrs. last time.

3. (a) FULL NAME Erik W. Allstrom (b) If veteran name war (c) Social Security No. none (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife: Hilda Alls trom
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased Apr. 29, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	6	15	hrs. ..... min. .....

9. Birthplace Trujillo, British Honduras (City, town or county) (State or Country)

10. Usual Occupation Camp Supervisor CCC

11. Industry or Business Indian Service

Father: 12. Name Waldemar Allstrom
13. Birthplace Sweeden (City, town or county) (State or Country)

Mother: 14. Maiden Name Adale Cook.
15. Birthplace U.S.A. (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Hilda Allstrom
(b) Address Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Phoenix (c) Date 10-15-40 19

18. (a) Embalmer's Signature J. M. Drumm
(b) Funeral Director J. M. Drumm
(c) Address Winslow, Ariz.

19. (a) 10-15-40 (Date received local Registrar)
(b) Lorna Drumm (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 14th, 1940;
TIME (Hour and minute) 11:40 P. M.

21. I hereby certify that I attended the deceased from Did not see, 19 to alive, 19;
that I last saw h. alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — DURATION: Aprox. 7 min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature James F. Klock M.D.
Address James F. Klock Date signed 10-15-40