9276

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 108
Registrar's No. 44

1. Place of Death: (a) County Graham (b) City or Town Safford, (If outside city limits also write RURAL) (c) Location Stork Inn (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ~~Stork Inn~~ 2hrs In Community ~~10 Minutes~~ 2hrs; In Arizona ~~12 years~~ 2hrs (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Safford (If outside city limits also write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.
3. (a) FULL NAME Elda Larson (b) If veteran name war (c) Social Security No. (If NONE write the word)

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

6. (b) Name of husband or wife ------ 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased June (Month) 3rd, (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day hrs. 2 min.

9. Birthplace Safford, Arizona Graham (City, town or county) (State or Country)

10. Usual Occupation -----

11. Industry or Business -----

Father
12. Name Richard Wilford Larson
13. Birthplace Solomonville, Graham Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Elda Cluff
15. Birthplace Geronimo, Graham Arizona. (City, town or county) (State or Country)

16. (a) Informant's own signature Richard Larson
(b) Address Solomonville, Arizona (Father)

17. (a) Burial, Cremation or Removal Burial
(b) Place Lima, Arizona (c) Date 6/3// 1942

18. (a) Embalmer's Signature
(b) Funeral Director Richard Larson
(c) Address Solomonville, Arizona.

19. (a) July 9, 1942 (Date received local Registrar)
(b) J. W. Stratton M.D. (Registrar's Signature) by O. H. Lopez

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 3rd, 1942;
TIME (Hour and minute) 12:00 Noon P. M.

21. I hereby certify that I attended the deceased from June 3, 1942 June 3rd, 1942 to June 3rd, 1942; that I last saw her alive on June 3rd, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Premature 6½ months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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 F. W. Butler M. D.
Address Safford, Arizona Date signed 6/3/42