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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 35
Registrar's No. 212

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 9 Days; In Community 40 Years (Specify whether years, months or days); In Arizona 45 Years

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

(d) Street No. 942-15th Street; (e) Citizen of foreign country (Yes or No) NO If Yes, which country

3. (a) FULL NAME Andrew B Johnson (b) If Veteran name war (c) Social Security No. 527-24-2673

4. Sex: Male

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Hannah Johnson

6. (c) Age of husband or wife, if alive 68 yrs.

7. Birthdate of deceased 9 (Month) 24 (Day) 1875 (Year)

8. AGE: Years 68 Months 2 Days 23 If less than one day hrs. min.

9. Birthplace Dalsland (City, town or county) Sweden (State or Country)

10. Usual Occupation Smelterman (Retired)

11. Industry or Business Copper Smelting-PD Corp

Father: 12. Name Johannes Anderson; 13. Birthplace Sweden (City, town or county) (State or Country)

Mother: 14. Maiden Name Sarah Erickson; 15. Birthplace Sweden (City, town or county) (State or Country)

16. (a) Informant's own signature Albert J. Johnson
(b) Address 942-15th St. Douglas Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas, Ariz (c) Date 12-18-43

18. (a) Embalmer's Signature E A Porter 72-A
(b) Funeral Director Porter & Ames 29-A
(c) Address Douglas, Arizona

19. (a) Dec. 17 - 1943 (Date received Local Registrar)
(b) Lewis Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-16-1943, 19..; TIME (Hour and minute) 6-00AM M.

21. I hereby certify that I attended the deceased from Dec 1, 1943 to Dec 16, 1943, that I last saw him alive on Dec 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cer. Cal Hemorrhage — DURATION Dec 1 43

Due to Hypertension — 7.

Due to Arteriosclerosis — 7.

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 [illegible] M. D.
Address Douglas, Arizona Date signed 12-17-43

18 30M—100% Reg—6/21/43