Dr. Patterson

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 266

Registrar's No. 101

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

(d) Length of Stay: In Hospital or Institution 0; In Community 0 (Specify whether years, months or days); In Arizona 0

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

(d) Street No. Mesa, Arizona; (e) Citizen of foreign country (Yes or No) No If Yes, which country ---

3. (a) FULL NAME Dwight Larsen (b) If Veteran name war ---; (c) Social Security No. None

4. Sex: Male

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

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

6. (b) Name of husband or wife

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

7. Birthdate of deceased May 20, 1944 (Month) (Day) (Year)

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

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

10. Usual Occupation None

11. Industry or Business

Father
12. Name Elwood Earl Larsen
13. Birthplace Salt Lake City, Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Lorna Miller
15. Birthplace Mesa, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Elwood Larsen
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 5-20-44 19

18. (a) Embalmer's Signature None
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) May 29, 1944 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 20, 19 44;
TIME (Hour and minute) 9:30 A. M.

21. I hereby certify that I attended the deceased from May 20, 19 44 to May 20, 19 44; that I last saw h... alive on Stillborn, 19 ...; and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn
Macerated fetus
Due to Unknown
Fetus presumably dead
Due to a month before
delivery.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 W. B. Pattison M. D.
Address Chandler, Ariz. Date signed 5-28-44