ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 79
Registrar's No. 19

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

(d) Length of Stay: In Hospital or Institution 2 hrs 10 min; In Community 2 hrs 10 min; in Arizona 2 hrs 10 min. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Central Heights (If outside city limits also write RURAL)

(d) Street No. Central Heights Rt #1 Globe; (e) Citizen of foreign country (yes or No) No

If Yes, which country None (If NONE write the word)

3. (a) FULL NAME Joann Olson (b) If Veteran name war. Social Security No. 577

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

6. (b) Name of husband or wife

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

7. Birthdate of deceased Dec (Month) 18th (Day) 45 (Year)

8. AGE: Years	Months	Days	If less than one day
			hrs. 2 min. 10

9. Birthplace Miami (City, town or county) Ariz (State or Country)

10. Usual Occupation

11. Industry or Business

Father
12. Name George Curtiss Olson
13. Birthplace Spanish Fork Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Rose Palmer
15. Birthplace Eden Ariz (City, town or county) (State or Country)

16. (a) Informant's own signature Rose Palmer Olson
(b) Address Rt #1 Globe Central Heights

17. (a) Burial, Cremation or Removal Removal
(b) Place Globe, Ariz. (c) Date 2/19/45

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) March 19 1945 (Date received local Registrar)
(b) Nelson D. Gray (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 18, 1945;
TIME (Hour and minute) 11:15 P.M. M.

21. I hereby certify that I attended the deceased from 2:35 pm Dec 18, 1945 to 1146 Dec 18, 1945; that I last saw h[illegible] alive on Dec 18, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease

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 [illegible] M. D.
Address Miami Ariz Date signed 2-22-45