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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 105
Registrar's No. 71

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

(d) Length of Stay: In Hospital or Institution ; In Community 3 yrs. (Specify whether years, months or days) ; In Arizona 66 yrs

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

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

3. (a) FULL NAME Lucinda Matilda Gustafson (b) Ever in Military or Naval Service (Name war) (c) Social Security No.

4. Sex F

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

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

6. (b) Name of husband or wife Carl Fredrik Gustafson

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

7. Birthdate of deceased Aug. 10 1853 (Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 5 If less than one day hrs. min.

9. Birthplace Cedar City Utah (City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business

Father: 12. Name Eff Dodge
13. Birthplace unknown (City, town or county) (State or Country)

Mother: 14. Maiden Name Lorina Broden
15. Birthplace unknown (City, town or county) (State or Country)

16. (a) Informant's own signature L S Green
(b) Address Thatcher Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Thatcher Ariz (c) Date Oct 17 1946

18. (a) Embalmer's Signature
(b) Funeral Director H. C. Rawson
(c) Address Safford Ariz

19. (a) Oct 9, 1946 Nov (Date received from Registrar)
(b) J. Malcolm M.D. (Registrar's Signature) by O. H. Hays

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 15, 1946
TIME (Hour and minute) 2 P. M.

21. I hereby certify that I attended the deceased from Oct. 11, 1946 to Oct. 15, 1946 that I last saw her alive on Oct 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture left hip

Due to Bronchial Pneumonia

Due to

Other conditions (Include pregnancy within three 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) accident
(b) Date of occurrence X Oct 13, 1946
(c) Where did injury occur? X Thatcher Graham Arizona (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X home - hall (Specify type of place)
While at work? no (e) Means of injury fracture hip

23. Signature E. W. Butler M. D.
Address Safford Ariz Date signed 10-15-46

40M—100% Rag—6-10-44