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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 7
Registrar's No.

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

(d) Length of Stay: In Hospital or Institution None; In Community 70 years (Specify whether years, months or days); In Arizona 70 years

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

(d) Street No. none; (e) Citizen of foreign country (Yes or No) no; If Yes, which country

3. (a) FULL NAME David Patten Overson (b) If Veteran name war none (c) Social Security No. no

4. Sex: M

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

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

6. (b) Name of husband or wife: Annie Jarvis Overson

6. (c) Age of husband or wife, if alive 66 yrs.

7. Birthdate of deceased Oct (Month) 11 (Day) 1869 (Year)

8. AGE: Years 77 Months 2 Days 25 If less than one day hrs. min.

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

10. Usual Occupation Retired

11. Industry or Business Farmer

Father: 12. Name Ove C. Overson
13. Birthplace Herring (City, town or county) Denmark (State or Country)

Mother: 14. Maiden Name Mary K. Christensen
15. Birthplace Herring (City, town or county) Denmark (State or Country)

16. (a) Informant's own signature Clyde Overson
(b) Address St Johns, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place St Johns (c) Date 1-11-47

18. (a) Embalmer's Signature Dan B. Nelty
(b) Funeral Director Dan B. Nelty
(c) Address Springerville, Ariz.

19. (a) Jan 11 1947 (Date received Local Registrar)
(b) Leona W Heap (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1-6, 1947;
TIME (Hour and minute) 5:15 a.m. M.

21. I hereby certify that I attended the deceased from December 7, 1947 to Jan 6, 1947; that I last saw him alive on 1-5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate gland

Due to Cancer

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

DURATION 1½ years

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 Lawrence L. Cremin M. D.
Address St Johns Date signed 1-5-47

15 30M—100% Rag—5/21/43