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Dr. Bryant

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No. 2797
Registrar's No. 96

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location Southside Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day (Specify whether years, months or days); In Community 52 yrs.; In Arizona 52 yrs.

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. 423 East 2nd. Ave. (e) Citizen of foreign country (Yes or No) No
If Yes, which country
(b) If veteran name war No (c) Social Security No. None

3. (a) FULL NAME James Ludwig Johnson

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased Dec. 12, 1885 (Month) (Day) (Year)

8. AGE: Years 62 | Months 4 | Days 25 | If less than one day hrs. ..... min. .....

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

10. Usual Occupation Owner

11. Industry or Business Cement block plant

Father
12. Name Julius Johnson
13. Birthplace Hals, Denmark (City, town or county) (State or Country)

Mother
14. Maiden Name Jensine Kirstine Christensen
15. Birthplace Volstrup, Denmark (City, town or county) (State or Country)

16. (a) Informant's own signature Ernest Johnson
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 5-11- 1948

18. (a) Embalmer's Signature R. N. Daybell
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) 5-20-48 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 7, 1948, 19....;
TIME (Hour and minute) 10:45 P. M.

21. I hereby certify that I attended the deceased from May 7, 1948, 19.... to May 7, 1948, 19.... that I last saw him alive on May 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic Heart disease

Due to .....

Due to .....

Other conditions (Include pregnancy within three 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 [signature] M. D.
Address 6 So MacDonald Date signed 5/20/48

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