

WRITE PENNLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. **156**

ORIGINAL CERTIFICATE OF DEATH

County Registered No. **10**
Local Registrar's No. **1**

PLACE OF DEATH
County Yavapai
District _____
Town Fairview
Country _____

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Celaudia Verice Larson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>January 19</u> 191 <u>7</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Sept. 10</u> 191 <u>5</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Jan 7th</u> 191 <u>7</u> to <u>Jan 18th</u> 191 <u>7</u> ; that I last saw her alive on <u>Jan 18th</u> 191 <u>7</u> , and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing		
AGE <u>1</u> yrs. <u>4</u> mos. <u>9</u> days If less than 1 day _____ hrs., or _____ min.			Death was as follows: <u>Bronchitis</u>		
OCCUPATION (a) Trade, profession or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed or (employer)			(Duration) _____ yrs. _____ mos. _____ days		
BIRTHPLACE (State or country) <u>Arizona</u>			Was disease contracted in Arizona? _____ If not, where? _____		
PARENTS	NAME OF FATHER <u>James Alma Larson</u>	BIRTHPLACE OF FATHER (State or country) <u>Utah</u>	CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days		
	MAIDEN NAME OF MOTHER <u>Grace McBride</u>		(Signed) <u>Dr. R. C. Dwyer</u> <u>2/7</u> 191 <u>7</u> (Address) <u>Paria Ariz.</u>		
	BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			LENGTH OF RESIDENCE		
(Informant) <u>J. A. Larson</u>			At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
(Address) <u>Fairview</u>			Former or Usual Residence _____		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL <u>Jan 20th</u> 191 <u>7</u>	Filed <u>2/7</u> 191 <u>7</u> <u>Mrs. R. C. Dwyer</u> Local Registrar			
UNDERTAKER	ADDRESS	Filed <u>2/9</u> 191 <u>7</u> <u>J. M. Strater</u> County Registrar			