

CERTIFICATE OF DEATH

REGISTRAR'S NO. 73.

N-35 223 AND 3407 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford, Ariz</u>	
PRECEDENT 2	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Safford Iron Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>625 - Central Ave</u>	
	3. NAME OF DECEASED (TYPE OR PRINT) <u>DONALD BRENT LARSON</u>		4. SEX <u>M</u> 5. COLOR OR RACE <u>W.</u>	
PERSONAL DATA 302	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Oct.</u> DAY <u>20</u> YEAR <u>1950</u>	
	8. AGE YEARS MONTHS DAYS <u>2</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
050	9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ariz</u>	
	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
7593	14A. FATHER'S NAME <u>Richard Larson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Safford Ariz</u>	
	15A. MOTHER'S MAIDEN NAME <u>Elta Cluff</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Ariz</u>	
CAUSE OF DEATH (EM 18) 0	16. INFORMANT'S SIGNATURE <u>Richard Larson</u> ADDRESS <u>Safford, Ariz</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct 22 - 1950</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Prematurity & Congenital defects?</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) ? DUE TO (c) ? II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH <u>at Club foot, infantile Cataracts, Hypoplasia</u>	
OPERATIONS, AUTOPSY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DEATH DUE TO FATAL INJURY 2	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21C. (CITY OR TOWN) (COUNTY) (STATE)			
MEDICAL OFFICER'S CERTIFICATION 1	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
	21F. HOW DID INJURY OCCUR?			
FUNERAL DIRECTOR AND REGISTRAR 2	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct 22 1950</u> TO <u>Oct 22 1950</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct 22 1950</u> AND THAT DEATH OCCURRED AT <u>2204</u> . FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <u>W.E. Rawson</u> (DEGREE OR TITLE)	
	23B. ADDRESS <u>Safford, Ariz</u>		23C. DATE SIGNED <u>10/22/50</u>	
27/1957	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE <u>Oct 22-50</u>	
	24C. NAME OF CEMETERY OR CREMATORY <u>Prima Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Prima Ariz</u>	
25A. DATE REC'D BY LOCAL REG. <u>27/1957</u>		25B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		
25C. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Rawson</u> ADDRESS <u>Safford,</u>		25D. EMBALMER'S SIGNATURE <u>W.E. Rawson</u> ADDRESS <u>116 A,</u>		