

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6085

CERTIFICATE OF DEATH

REGISTRAR'S NO.

98

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY Graham
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN) Safford
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA
2 yrs 2 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE Ariz. B. COUNTY Graham
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Safford 1311 1st Ave
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED
A. (FIRST) ROBERT B. (MIDDLE) M. C. (LAST) MAEGAARD
4. SEX M. 5. COLOR OR RACE W.
6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH
MONTH Dec DAY 23 YEAR 1879 B. AGE YEARS 70 MONTHS 11 DAYS 28
IF UNDER 24 HOURS HOURS - MIN. -
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
9B. KIND OF BUSINESS OR INDUSTRY Postal Employee
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Denmark
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Peter Maegaard 14B. BIRTHPLACE (STATE OR COUNTRY) Denmark
15A. MOTHER'S MAIDEN NAME Cristina Hansen 15B. BIRTHPLACE (STATE OR COUNTRY) Denmark
16. INFORMANT'S SIGNATURE J. Edward Lecker ADDRESS 1459 Berkeley Ave. St. Paul, Minn.
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec 20 - 50

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.
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
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
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
20. AUTOPSY? YES NO

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION
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)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 20 Dec. 1950 TO 20 Dec. 1950. THAT I LAST SAW THE DECEASED ALIVE ON Dec 20 1950 AND THAT DEATH OCCURRED AT 2 P. M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE J. C. Knight M.D. (DEGREE OR TITLE) 23B. ADDRESS Safford Ariz 23C. DATE SIGNED 22 Dec. 1950

24A. BURIAL CREMATION REMOVAL 24B. DATE Dec 23-50 24C. NAME OF CEMETERY OR CREMATORY U.S. 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Menasha Wis.
25A. DATE REC'D BY LOCAL REG. December 22, 1950 25B. REGISTRAR'S SIGNATURE A. C. Rawson 26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Rawson Safford Ariz
27. EMBALMER'S SIGNATURE A. C. Rawson 116A CERT. NO.