

CERTIFICATE OF DEATH

REGISTRAR'S NO.

99.

BIRTH NO.

5-05 31 F DEATH 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>Pima Rural</u>	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>27 yrs</u> <u>70 yrs</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Pima, Ariz Rural</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

11 ENT 4 INAL TA 172 V50	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>ANDREW</u> B. (MIDDLE) <u>FOSTER</u> C. (LAST) <u>CARLSON</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH <u>Feb</u> DAY <u>22</u> YEAR <u>1878</u>		8. AGE YEARS <u>72</u> MONTHS <u>9</u> DAYS <u>20</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</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)	13. SOCIAL SECURITY NO. <u>None</u>
14A. FATHER'S NAME <u>Andrew Carlson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Sweden</u>	15A. MOTHER'S MAIDEN NAME <u>Bessie Hayford</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>
16. INFORMANT'S SIGNATURE <u>x Damey Carlson</u>			ADDRESS <u>Pima</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Dec. 12-1950</u>

18 18)	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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Arteriosclerosis</u>		10 yrs
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (c)		

18 18)	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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 <u>None</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/12, 1950 TO 12/12, 1950 THAT I LAST SAW THE DECEASED ON 12/12, 1950 AND THAT DEATH OCCURRED AT 19 M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <u>J. M. Stratton M.D.</u>	23B. ADDRESS <u>Safford, Ariz</u>	23C. DATE SIGNED <u>12/13/50</u>
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18 18)	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Dec 15-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Pima Ariz</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Ariz</u>	
	25A. DATE REC'D BY LOCAL REG. <u>December 15, 1950</u>	25B. REGISTRAR'S SIGNATURE <u>J. M. Stratton Deputy C. Hayes</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Ransom</u>	ADDRESS <u>Safford, Ariz</u>
			27. EMBALMER'S SIGNATURE <u>H. C. Ransom</u>	CERT. NO. <u>116</u>	