

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

7121
93

DEATH D SIDENCE	BIRTH NO. 07		1. PLACE OF DEATH		2. USUAL RESIDENCE	
	A. COUNTY		Maricopa		A. STATE Arizona	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN)		Tempe		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tempe	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA		3 yr 3yr		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
D. FULL NAME OF HOSPITAL OR INSTITUTION		202 E. 5th St.		202 E. 5th St.		

1 NT VAL A 152 9 X51	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX		5. COLOR OR RACE		
	PAUL ERICKSON			MALE		CAU		
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH		8. AGE		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)	
	June 6 1899		52 6 12		Mechanic		13. SOCIAL SECURITY NO. 486-03-4054	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. CITIZEN OF WHAT COUNTRY?		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		
Oil		Finland		U S		no		
14A. FATHER'S NAME			14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME		15B. BIRTHPLACE (STATE OR COUNTRY)	
Magnus Erickson			Finland		Elvira Puote		Finland	
16. INFORMANT'S SIGNATURE			17. DATE OF DEATH		18. CAUSE OF DEATH			
Mabel E. Erickson			Tempe, Ariz.		December 18, 1951			

1801 SE H 0 18)	18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
	ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				30 minutes	
	*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Hypertensive heart disease 15 years					
	PLACE DISEASE CONTRACTION.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (c) Atherosclerosis					

ONS, SY H O IAL ICE	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		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

AL NER'S TION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-46 TO 12-18 1951 THAT I LAST SAW THE DECEASED ALIVE ON 12-8 1951 AND THAT DEATH OCCURRED AT 10:40 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
M. D.		Tempe, Ariz.		12/21/51		

AL OR AR	24A. BURIAL CREMATION REMOVAL		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
	<input checked="" type="checkbox"/>		12/22/51		Mesa Cemetery		Mesa, Ariz.	
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE			26. FUNERAL DIRECTOR'S SIGNATURE		27. EMBALMER'S SIGNATURE	
12/22/51		Rosalie Hamon			Carr Mortuary Tempe, Ariz.		218	