

9601

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH 408

1. PLACE OF DEATH: County Navajo State Arizona Registered No. District or Township Snowflake or Village City No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Lars Alma Hendrickson (a) Residence No. Snowflake (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. 20 minutes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 22 - 1936 7. AGE Years Months Days IF LESS than 1 day hrs. or 20 min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Snowflake, Arizona

10. NAME OF FATHER H. A. Hendrickson 11. BIRTHPLACE OF FATHER Fruitland (city or town) (State or country) New Mexico 12. MAIDEN NAME OF MOTHER Ida Smith 13. BIRTHPLACE OF MOTHER Taylor (city or town) (State or country) Arizona

14. Informant (Address)

15. Filed July 3rd 1936 J. H. Faust Registrar.

16. DATE OF DEATH (month, day, and year) June 22, 1936

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1936 to June 22, 1936, that I last saw him alive on June 22, 1936, and that death occurred, on the date stated above, at 8:40 P.M.

The CAUSE OF DEATH was as follows: Cremation both. Probable of cord. (duration) yrs. mos. ds. 20 min.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) J. M. Raygood, M. D. June 24, 1936 (Address) Snowflake

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL June 22d ADDRESS

20. UNDERTAKER N.A. Hendrickson Snowflake

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CHECKED PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. BE PROPERLY CLASSIFIED.