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MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**SOCIAL SECURITY NO. NONE**  
**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Maricopa State ARIZONA State File No. 1324  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 650  
 City Phoenix No. 2207 N. 24th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Sophie Charlotte Akren How long in State when death occurred? 13 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: 2207 N. 24th St. (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

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

6. DATE OF BIRTH (month, day, and year) June 10, 1905

7. AGE Years 34 Months 11 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Hancock, Michigan (State or Country)

FATHER  
 13. NAME John Karkanen  
 14. BIRTHPLACE (city or town) Finland (State or Country)

MOTHER  
 15. MAIDEN NAME Henrietta Rantiola  
 16. BIRTHPLACE (city or town) Finland (State or Country)

17. INFORMANT Joseph A. Akren (Address) 2207 N. 24th Street

18. BURIAL, CREMATION, OR REMOVAL Burial Place Greenwood Cem. Date 5-21-40, 19\_\_\_\_

19. EMBALMER { License No. 235-A Signature Stanley Clegg  
 FUNERAL DIRECTOR A. L. Moore & Sons  
 Address Phoenix, Arizona

20. Filed May 22, 1940 James Johnson Registrar (Address) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-18-40, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1932, to death, 19\_\_\_\_  
 I last saw her alive on 5-18, 1940; death is said to have occurred on the date stated above, at 11:45P.  
 The principal cause of death and related causes of importance were as follows:  
Tubercular Tuberculosis Date of Onset \_\_\_\_\_  
 Other contributory causes of importance:  
Tubercular Tuberculosis Sept 1932  
 Name of operation None Date of \_\_\_\_\_  
 What test conducted? \_\_\_\_\_  
 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) Quillie Harry Howard, M. D.  
 (Address) Phoenix