9103

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 395
County Registered No. 169
Local Registrar's No. _____

PLACE OF DEATH
County Gila
District Globe
~~Town~~ or City Globe

No. 139 N. Devereaux St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Peter O. Little

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: [White] Indian, Black, Chinese, Mexican

[SINGLE], [MARRIED], WIDOWED or DIVORCED

DATE OF BIRTH: Sept 5th 1861 (Month) (Day) (Year)

AGE: 55 yrs ___ mos ___ days; If less than 1 day ___ hrs., or ___ min.

OCCUPATION
(a) Trade, profession or particular kind of work: Attorney at Law
(b) General nature of industry, business, or establishment in which employed or (employer): _____

BIRTHPLACE (State or country): North Carolina

PARENTS
NAME OF FATHER: Peter O. Little
BIRTHPLACE OF FATHER (State or Country): North Carolina
MAIDEN NAME OF MOTHER: Elenore Henkel
BIRTHPLACE OF MOTHER (State or Country): North Carolina

The Above Is True to the Best of My Knowledge
(Informant) C. L. Rawlins
(Address) Crematorium Globe, Arizona

PLACE OF ~~BURIAL OR~~ REMOVAL: Los Angeles, Calif.
DATE OF ~~BURIAL OR~~ REMOVAL: Aug. 19th 1916

UNDERTAKER: V. L. Jones & Son
ADDRESS: Globe, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 17th 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Aug 6 1916 to Aug 17 1916; that I last saw him alive on Aug 17 1916, and that death occurred on the date stated above at 8:30 P.M. The DISEASE or INJURY causing Death was as follows: Cerebral Haemorrhage

(Duration) ___ yrs ___ mos ___ days

Was disease contracted in Arizona? yes
If not, where? ___

CONTRIBUTORY Diabetes
(Duration) 10 yrs ___ mos ___ days

(Signed) R. D. Kennedy M.D.
191___ (Address) Globe

*In death from **Violent Causes** state (1) **Means of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.**

LENGTH OF RESIDENCE
At place of death 9 yrs ___ mos ___ ds. In Arizona 16 yrs ___ mos ___ ds.
Former or Usual Residence _____

Filed Aug 18 1916 B. G. Fox
Local Registrar

Filed Sept 5 1916 B. G. Fox M.D.
County Registrar