9581

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. 59
County Registered No. 3
Local Registrar's No. 47

PLACE OF DEATH

County APACHE

District

Town Or City SAINT JOHNS, ARIZONA

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

FULL NAME Marcus Peter Peterson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: June 15, 1877 (Month) (Day) (Year)

AGE: 41 yrs. 4 mos. 11 days. If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): ARIZONA.

PARENTS

NAME OF FATHER: Marcus Hansen Peterson

BIRTHPLACE OF FATHER (State or country): Denmark

MAIDEN NAME OF MOTHER: Anna Amelia Anderson

BIRTHPLACE OF MOTHER (State or country): Denmark

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M H Peterson

(Address) SAINT JOHNS, ARIZONA

PLACE OF BURIAL OR REMOVAL: SAINT JOHNS, ARIZONA

DATE OF BURIAL OR REMOVAL: Oct. 27 1918

UNDERTAKER:

ADDRESS: SAINT JOHNS, ARIZONA

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 26, 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct 14 191..... to Oct 26 1918; that I last saw h..... alive on ..... 191...., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows: Typhoid.

..... (Duration) ..... yrs. 7 mos. ..... days.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Peritonitis & Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... days.

(Signed) P. W. Brown M. D.

191..... (Address) SAINT JOHNS, ARIZONA

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 41 yrs. 4 mos. 11 ds. In Arizona 41 yrs. 4 mos. 11 ds.

Former or Usual Residence Arizona

Filed 11/1 1918 Martin Jensen
Local Registrar

Filed 12/10 1918 P. W. Brown M.D.
County Registrar