

6547

CERTIFICATE OF DEATH

REGISTRAR'S NO.

569

BIRTH NO.

PLACE OF DEATH 1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN OR CITY 5 Days 30 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Gila		
	C. CITY OR TOWN Globe		C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital		D. STREET ADDRESS 4062 Mill St.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME OF DECEASED 3. NAME OF DECEASED (TYPE OR PRINT) Katharina Sofia Peterson	A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
	6B. NAME OF SPOUSE Deceased		7. DATE OF BIRTH MONTH DAY YEAR Mar 30 1878	8. AGE (IN YEARS LAST BIRTHDAY) 82 Yrs	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	6A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife
	9B. KIND OF BUSINESS OR INDUSTRY Own Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Finland	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None	
14A. FATHER'S NAME Isak E. Norrgard		14B. BIRTHPLACE (STATE OR COUNTRY) Finland		15A. MOTHER'S MAIDEN NAME Sofia Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Finland	
16. INFORMANT'S SIGNATURE <i>Emil Wicklund Miami, Ariz.</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct. 18, 1957				
CAUSE OF DEATH 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH 9 days	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) _____			DUE TO (C) _____	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 9, 1957 , TO Oct. 18, 1957 . THAT I LAST SAW THE DECEASED ALIVE ON Oct. 18, 1957 , AND THAT DEATH OCCURRED AT 8:45 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE (DEGREE OR TITLE) <i>Cliff. Callopy M.D.</i>		22B. ADDRESS Miami, Arizona		22C. DATE SIGNED 10/21/57			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Oct. 21, 1957	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		
26A. DATE REC. BY LOCAL REG. 10-21-57	26B. REGISTRAR'S SIGNATURE <i>Inez Wauson</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Kelly</i>		27B. ADDRESS <i>2477 N. ...</i>		
28A. EMBALMER'S SIGNATURE <i>W. J. Kelly</i>			28B. EMBALMER'S CERT. NO. 2477				

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