2119

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. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 114

Registered No. 91

1. PLACE OF DEATH

County Graham State Ariz

District or Township Jeffery or Village

City Whitlow No. or

(If death occurred in a hospital or institution, give its NAME instead of street and number). St., Ward

2. FULL NAME Orin Kent Pease

(a) Residence. No. Whitlow St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 weeks ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR or RACE White

5. SINGLE, ~~MARRIED, WIDOWED or DIVORCED.~~ (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year) Sept. 7 - 1927

7. AGE Years Months 1 Days 7 IF LESS than 1 day hrs. or 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) None

(c) Name of employer

9. BIRTHPLACE (city or town) Thatcher (State or country)

PARENTS

10. NAME OF FATHER Wm. Pease

11. BIRTHPLACE OF FATHER Okla. (State or country) (city or town)

12. MAIDEN NAME OF MOTHER Phoebe Allred

13. BIRTHPLACE OF MOTHER Thatcher, Ariz. (State or country) (city or town)

14. Informant Wm. Pease (Address) Thatcher

15. Filed Nov. 8 - 1927 J. N. Stratton Registrar. HDJ

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct - 14 - 1927 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 10/10, 1927 to 10/11, 1927, that I last saw him alive on 10/11, 1927 and that death occurred, on the date stated above, at 5:30 P.m. The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

100a

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. N. Stratton M. D.

10/15 1927 (Address) Safford

* 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 Thatcher

DATE OF BURIAL 10/15/27.

20. UNDERTAKER Family

ADDRESS Thatcher