2582

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 90

Registered No. 113

1. PLACE OF DEATH

County Graham State Arizona

District or Township ..... or Village Thatcher

City ..... No. ..... St., ... Ward

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

2. FULL NAME Peter O. Peterson

(a) Residence. No. Thatcher 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 12 yrs. mos. ds. How long in U. S. if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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 Mary A. Peterson

6. DATE OF BIRTH (month, day and year) March 14-1852

7. AGE: Years 75 | Months 7 | Days 19 | IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Denmark, (State or country)

PARENTS

10. NAME OF FATHER James O. Peterson

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

12. MAIDEN NAME OF MOTHER Anna Jensen

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14. Informant James A. Peterson

(Address) Safford.

15. Filed Dec 8, 1927 J. N. Stratton Registrar. N.G.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 3 (Month) (Day) 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/1 1927 to 11/3 1927 that I last saw him alive on 11/3 1927 And that death occurred, on the date stated above, at 11 P. m. The CAUSE OF DEATH* was as follows:

Cancer Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nil

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Arizona

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? No

(Signed) N. E. Plant, M. D.

11/4 1927 (Address) Thatcher Ariz

* 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: Graham Cemetery | DATE OF BURIAL: Nov. 5th 27

20. UNDERTAKER: M. C. Rawson | ADDRESS: Safford.

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.