

MARGIN RESERVED FOR BINDING

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Yuma State ARIZONA State File No. 83  
Towship \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 10  
City Alamo No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Peter Petersen How long in State when death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. Sanford, Colorado St. Colo. Ward. 21074 (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>1-28-38</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Zola Peterson</u>		6. DATE OF BIRTH (month, day, and year) <u>Aug 14, 1866</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 27, 1938</u> to <u>Jan 28, 1938</u> Last saw <u>deceased</u> alive on <u>Jan 28, 1938</u> ; death is said to have occurred on the date stated above, at <u>12:50 p.m.</u>	
7. AGE Years <u>71</u> Months <u>5</u> Day <u>14</u> If LESS than 1 day, _____ hrs. or _____ min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stockman</u>			The principal cause of death and related causes of importance were as follows: <u>Shock, fractured R. leg, Crushed Chest</u> Date of Onset <u>Jan 27</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Marion, Utah</u>		13. NAME <u>Tom Peterson</u>			Other contributory causes of importance: _____	
14. BIRTHPLACE (city or town) (State or Country) <u>Denmark</u>		15. MAIDEN NAME <u>Unknown</u>			Name of operation _____ Date of _____	
16. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>		17. INFORMANT (Address) <u>Mrs. Zola Peterson Sanford, Colorado</u>			What test confirmed diagnosis? _____ Was there an autopsy? <u>NO</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mass. Ariz</u> Date <u>1/28, 1938</u>		19. EMBALMER License No. <u>2004</u> Signature <u>W. J. McLaughlin</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
20. Filed <u>Jan 28, 1938</u> <u>Joseph Wausley</u> Registrar		FUNERAL DIRECTOR Address <u>Alamo, Arizona</u>			Manner of injury <u>Auto accident</u> Nature of injury <u>fract leg, crushed chest</u>	
		24. Was disease or injury in any way related to occupation of deceased? _____			If so, specify _____ (Signed) <u>R. D. Kennedy</u> M. D. (Address) <u>Glendale Ariz.</u>	