

2400

MARGIN RESERVED FOR DENIANG  
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** 70  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH *Gila* State **ARIZONA** State File No. \_\_\_\_\_  
County *Gila* Registered No. \_\_\_\_\_  
Township *Miami* or Village \_\_\_\_\_  
City *Miami* No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred *23* mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME *Justilmon Peterson* How long in State when death occurred *23* yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. *4067 Mill St* St. \_\_\_\_\_ Ward \_\_\_\_\_ (Usual place of abode) (Non-resident give city or town and state)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) *Married*  
6a. If married, widowed, or divorced HUSBAND of *Kathine Peterson* (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day, and year) *April 30 1896*  
7. AGE Years *52* Months *0* Days *22* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*  
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) *Wasslow* (State or Country) *Ill.*  
13. NAME *John Peterson*  
14. BIRTHPLACE (city or town) *Sweden* (State or Country) \_\_\_\_\_  
15. MAIDEN NAME *Kulde Kjelme*  
16. BIRTHPLACE (city or town) *Sweden* (State or Country) \_\_\_\_\_  
17. INFORMANT *Kathine Peterson* (Address) *4862 Mill St*  
18. BURIAL, CREMATION, OR REMOVAL  
Place *Home* Date *5-27-38*  
19. EMBALMER License No. *200A* Signature *W. H. McCallan*  
FUNERAL DIRECTOR *Wiles Mortuary* Address *Miami, Ariz.*  
20. Filed *May 27, 1938* Registrar *Nelson D. Brantley* (Address) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) *May 22, 1938*  
22. I HEREBY CERTIFY, That I attended deceased from *Jan 1 - 1938* to *May 22, 1938*  
I last saw h. m. alive on *May 22, 1938*; death is said to have occurred on the date stated above, at *4:30 P. M.*  
The principal cause of death and related causes of importance were as follows:  
*Pulmonary tuberculosis with a fatal hemorrhage*  
Date of Onset *1934. Jan 1 -*  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation *none* Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? *no* 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.  
Manner of injury *none*  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_ (Signed) *Byril M. Brown M. D.* (Address) *Miami Arizona*