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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 Arakoon County, ARIZONA State, Registered No. 102

Township Safford or Village _____ 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cyrus J. Packer How long in state when death occurred yrs. mos. ds.

(a) Residence: Reserve Army (Usual place of abode) (If 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

5a. If married, widowed, or divorced HUSBAND of Pearl Packer (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Feb 24 1909

7. AGE Years 30 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

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) Pima (State or Country) Ariz

13. NAME A. E. Packer

14. BIRTHPLACE (city or town) Buffington City (State or Country) Ariz

15. MAIDEN NAME Lillie Curtis

16. BIRTHPLACE (city or town) Utah (State or Country)

17. INFORMANT (Address) C. E. Packer Pima

18. BURIAL, CREMATION, OR REMOVAL Place Pima Ariz Date Nov 2, 1939

19. EMBALMER License No. _____ Signature H. C. Ransom FUNERAL DIRECTOR Address Safford, Ariz

20. Filed Nov 8th 1939 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-30-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-30-1939, to 10-31-39, 19____

I last saw him alive on 10-31-39, 19____; death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows: Crushing injury to Right chest & puncture lung. Following auto accident. Date of Onset 10-30-39

Other contributory causes of importance: B. Latent Pneumonia. 10-30-39

Name of operation None Date of _____

What test confirmed diagnosis? X-Ray Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, homicide? Yes Date of injury Oct 30 1939

Where did injury occur? Pima, Arizona (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Public Highway

Manner of injury Injured Right chest

Nature of injury Fracture ribs - Punctured Lung

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Lyle C. Conwell M. D. (Address) Safford, Arizona