

1670

Naylor

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 82
Registrar's No. 89

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location County Hosp.
(If outside city limits write RURAL) (St. & No. for Name of Institution)
(d) Length of Stay: In Hospital or Institution 17 days; In Community 50 yrs; In Arizona 50 years
(Specify whether years, months, or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami
(If outside city limits write RURAL)
(d) Street No. Gibson St.; (e) If foreign born, in U. S. A. no yrs.
3. (a) FULL NAME John M. Pfeiffer (b) If veteran no (c) Social Security No. none
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband Unknown or wife, if alive no yrs.
6. (c) Age of husband or wife, if alive no yrs.
7. Birthdate of deceased Oct. 29 1847
(Month) (Day) (Year)
8. AGE: Years 93 Months 0 Days 0 If less than one day
hrs. 0 min. 0
9. Birthplace Allegheny Co. Penn. (City, town or county) (State or Country)
10. Usual Occupation Wheelwright
11. Industry or Business Unknown
Father { 12. Name Unknown
13. Birthplace " (City, town or county) (State or Country)
Mother { 14. Maiden Name "
15. Birthplace " (City, town or county) (State or Country)

16. (a) Informant's own signature N.E. Elgweiler
(b) Address Miami Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Pub. Cem. (c) Date Sept 15 1940
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address [Address]
19. (a) Sept 15 1940 (Date received local Registrar)
(b) Jane Tranelle (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 27 1950
TIME (Hour and minute) 2:20 PM M.
21. I hereby certify that I attended the deceased from July 1 1940 to Aug. 20 1940
that I last saw him alive on Aug. 26 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Uremic Coma
Arteriosclerosis
Chronic Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

DURATION
<u>15 yrs.</u>
<u>15 yrs.</u>
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? (City or Town) (County) (State) None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place)
While at work? None (e) Means of injury None

23. Signature J.C. Naylor M.D.
Address Globe, Ariz. Date signed 9-3-40