1197

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 23
Registrar's No. 6

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 30 Minutes; In Community 2 hours (Specify whether years, months or days); In Arizona 57yrs
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Safford (If outside city limits also write RURAL)
(d) Street No. Safford Arizona; (e) If foreign born, in U. S. A. ____ yrs.
3. (a) FULL NAME Asa Packer (b) If veteran name war ____ (c) Social Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife Bertha Packer — 6. (c) Age of husband or wife, if alive 54 yrs.
7. Birthdate of deceased February 21st 1879 (Month) (Day) (Year)
8. AGE: Years 61 | Months 10 | Days 17 — If less than one day hrs. ____ min. ____
9. Birthplace Bringham City Utah (City, town or county) (State or Country)
10. Usual Occupation Farmer
11. Industry or Business ____
Father: 12. Name William J Packer; 13. Birthplace Salt Lake City Utah (City, town or county) (State or Country)
Mother: 14. Maiden Name Mary Ann Allred; 15. Birthplace England (City, town or county) (State or Country)
16. (a) Informant's own signature Larue Ridgway
(b) Address Safford Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Safford Ariz (c) Date 1-8-41 19
18. (a) Embalmer's Signature Howard E Ames 120-A
(b) Funeral Director Porter & Ames
(c) Address Douglas Arizona
19. (a) Jan. 8 - 1941 (Date received local Registrar)
(b) Lee Adamson (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1-8, 1941;
TIME (Hour and minute) 1:30 P m M.
21. I hereby certify that I attended the deceased from Jan 8-41, 19__ to Jan 8, 1941 that I last saw h— alive on Jan 8, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion.
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Major findings: Of operations ____
Of autopsy ____

DURATION: 30 min

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) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature [signature] M. D.
Address Douglas Ariz. Date signed Jan 8-41