

2799

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 94

Registrar's No. 74

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Gila Co. Hosp. In Community 1941 Yrs. ; In Arizona
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 254 N. Second Street (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Eric Gotfried Peterson (b) If veteran name war no (c) Social Security No. 527-20-2170
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Nov. 9th 1883
(Month) (Day) (Year)
8. AGE: Years 57 Months 9 Days 24 If less than one day hrs. _____ min. _____
9. Birthplace Arnehult, Sweden
(City, town or county) (State or Country)

10. Usual Occupation Building Contractor
11. Industry or Business _____
12. Name Pergohn Peterson
13. Birthplace Sweden
(City, town or county) (State or Country)
14. Maiden Name Matilda Manuon
15. Birthplace Sweden
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Elizabeth Falgren
(b) Address 254 N. Second St. Globe, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe cemetery Date 9/11/41
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director Fred H. Jones
(c) Address Globe Arizona

19. (a) Sept. 10 - 1941
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 3rd. 1941
TIME (Hour and minute) 2:05 PM. M.
21. I hereby certify that I attended the deceased from Aug 15
_____, 1941 to Sept 3, 1941;
that I last saw him alive on Sept 3, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Thrombosis
mesenteric artery
Due to chronic Endocarditis
Chronic Myocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
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 Globe Ariz Date signed 9/10/41

DURATION

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.