

2077

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 488
Registrar's No. 83

1. Place of Death: (a) County Pinal (b) City or Town Rural (c) Location 3.5 miles East of Florence
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 2 Months-7 Days; in Arizona 2 Months-7 Days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State R.I.; (b) County Coventry Center; (c) City or Town Coventry
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME Peltier, Armand H. (b) If Veteran name war _____ Social Security No. _____

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 Feb. 24, 1915
(Month) (Day) (Year)

8. AGE: Years 27 Months 10 Days 10 If less than one day hrs. _____ min. _____

9. Birthplace Coventry R.I.
(City, town or county) (State or Country)

10. Usual Occupation Soldier

11. Industry or Business --

12. Name Joseph Peltier

13. Birthplace _____
(City, town or county) (State or Country)

14. Maiden Name _____

15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature WD AGO Form 24
(b) Address John H. Bergen, Capt, MC

17. (a) Burial, Cremation or Removal Removal
(b) Place Providence R.I. Date 12/7 19 42

18. (a) Embalmer's Signature George F. Dyer
(b) Funeral Director Verna E. Mocum
(c) Address Arizona Mortuary Inc. Tucson Arizona

19. (a) 12/7/42 Dec 28 - 1942
(Date received local Registrar)

(b) [Signature]
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 4, 19 42;
TIME (Hour and minute) 3:30 P.M. M.

21. I hereby certify that I attended the deceased from _____
_____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Compound Fractures, Third degree Burns Evisceration

Due to Aircraft Accident

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

DURATION

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) Accident

(b) Date of occurrence December 4, 1942

(c) Where did injury occur? 3.5 miles East of Florence, Ariz.
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Army Aircraft
(Specify type of place)

While at work? Yes (e) Means of injury above

23. Signature John H. Bergen, J. Capt MC M. D.

Address Davis weather field Date signed 12-7-42
Arizona