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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.
Registrar's No. 14

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location City Garage (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 36 years (Specify whether years, months or days) ; in Arizona 58 years

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. South of Globe, Besh-Be-Gowah Ruins ; (e) Citizen of foreign country (yes or No) If Yes, which country (If NONE write the word)

3. (a) FULL NAME Rhinehart Petrasch (b) If Veteran name war No Social Security No. Yes-no record

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

6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased May 21 (Month) 1867 (Day) (Year)

8. AGE: Years 75 | Months 8 | Days 12 | If less than one day hrs. ..... min. .....

9. Birthplace (City, town or county) Germany (State or Country)

10. Usual Occupation Miner, retired

11. Industry or Business

Father
12. Name Godfrey Petrasch
13. Birthplace (City, town or county) Germany (State or Country)

Mother
14. Maiden Name Helena Grosser
15. Birthplace (City, town or county) Germany (State or Country)

16. (a) Informant's own signature Herman Petrasch
(b) Address P.O.Box A, Superior, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona (c) Date 2/8/43 19

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) Feb 14-43. (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feby. 3rd.1943 19 ;
TIME (Hour and minute) 4:10 PM M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19..... ;
that I last saw h..... alive on ....., 19..... ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to gun shot wounds in the head

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) suicide
(b) Date of occurrence Feb. 3,1943
(c) Where did injury occur? Globe (City or Town) Gila (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury Top of head blownof by shot gun dischar

23. Signature [signature] Coroner M.D.
Address Globe, Arizona Date signed 2-11-43