

4302

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 85

Registrar's No. 61

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. V. Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 28 days; In Community 6 mo.; In Arizona 6 mo.  
(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 also write RURAL)

(d) Street No. 419 Mang Ave; (e) If foreign born, in U. S. A. no yrs.

3. (a) FULL NAME Louis James Petty (b) If veteran name war yes (c) Social Security No. 430-22-7880  
(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 none 6. (c) Age of husband or wife, if alive        yrs.

7. Birthdate of deceased Aug. 14 1919  
(Month) (Day) (Year)

8. AGE: Years 24 Months 0 Days 19 If less than one day hrs.        min.       

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

10. Usual Occupation Farmer

11. Industry or Business       

Father { 12. Name Jim Petty  
13. Birthplace Hector Arkansas  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Nola Petty  
15. Birthplace Hector Arkansas  
(City, town or county) (State or Country)

16. (a) Informant's own signature L. J. Petty

(b) Address 419 Mang Miami Ariz

17. (a) Burial, Cremation or Removal burial

(b) Place Pinal (c) Date Sept 4 1943

18. (a) Embalmer's Signature J. M. Miles Jr.

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz

19. (a) Sept 6 1943  
(Date received from Registrar)

(b) Nelson D. Grayson  
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 2 1943  
TIME (Hour and minute) 1:15 P

21. I hereby certify that I attended the deceased from 8-5-43  
to 9-2-43, 1943

that I last saw him alive on 9-2-43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis

Due to ruptured appendix

Due to       

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations       

Of autopsy       

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 J. C. Thomas MD M. D.

Address M-V Hospital Date signed 9-6-43

DURATION 2 wks

PHYSICIAN Underline the cause to which death should be charged statistically.