

832

in Barber

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 99

Registrar's No. 20

462 South High St.,
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 37 yrs.; In Arizona 37 yrs.
(Specify whether years, months or days)
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. 462 South High St., (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Ralph Phillip Peterson (b) If Veteran Spanish American name war _____ Social Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Married
White Indian Negro Oriental
7. Birthdate of deceased Sept. 16th 1880
(Month) (Day) (Year)
8. AGE: Years 63 Months 4 Days 1 If less than one day hrs. min.
9. Birthplace Fairmont, Ill.
(City, town or county) (State or Country)
10. Usual Occupation Barber
11. Industry or Business Self Employed
Father { 12. Name Jergeon Peterson
13. Birthplace Germany
(City, town or county) (State or Country)
Mother { 14. Maiden Name No Record
15. Birthplace No Record
(City, town or county) (State or Country)
16. (a) Informant's own signature Mrs. Emma Peterson
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Arizona Date 1/20/44
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) Feb. 18 - 44
(Date received Local Registrar)
(b) Gene Wampler
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jany. 17th 1944
TIME (Hour and minute) 9:20 PM M.
21. I hereby certify that I attended the deceased from Jan. 1, 1942 to Jan. 17, 1944
that I last saw him alive on Jan. 17, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Acute myocardial failure
due to arterio-sclerosis with
extreme hypertension
and chronic nephritis
Due to _____
Other conditions (Include pregnancy within 8 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? (c) Means of injury _____
23. Signature Stahl, Harper M. D.
Address Stahl, Ariz Date signed 2-17-44

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