

1754

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **98**  
Registrar's No. **132**

1. Place of Death: (a) County **Gila** (b) City or Town **near Globe** (c) Location **Seneca on US 60**  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community **16 years**  
(Specify whether years, months or days) ; In Arizona **16 years**  
2. Usual Residence of Deceased: (a) State **Arizona** (b) County **Navajo** (c) City or Town **Snowflake**  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME **Luther Haskel Pettyjohn** (b) If Veteran name war **1918** (c) Social Security No. **No**

4. Sex **Male** 5. Race **White** 6. (a) Single, married, widowed or divorced **Single**  
 White  Indian  Negro  Oriental  White

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

7. Birthdate of deceased **Jany. 10th 1927**  
(Month) (Day) (Year)

8. AGE: Years **17** Months **11** Days **18** If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Choctaw County, Oklahoma**  
(City, town or county) (State or Country)

10. Usual Occupation **Student, High School**

11. Industry or Business \_\_\_\_\_

12. Name **Wm. E. Pettyjohn**  
13. Birthplace **Red River County, Texas**  
(City, town or county) (State or Country)

14. Maiden Name **Rebecca Sisco**  
15. Birthplace **Choctaw County, Oklahoma**  
(City, town or county) (State or Country)

16. (a) Informant's own signature **Wm. E. Pettyjohn**  
(b) Address **Snowflake, Arizona**

17. (a) Burial, Cremation or Removal **Removal**  
(b) Place **Snowflake, Ariz** Date **12/30/44**

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

19. (a) **Dec. 29 - 44**  
(Date received Local Registrar)  
(b) **J. E. Wavelle**  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **Dec. 28th 1944**  
TIME (Hour and minute) **AM** 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 **Carbon Monoxide poison**

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 **Dec. 28, 1944**

(c) Where did injury occur? **Seneca Gila Arizona**  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **public - auto camp**  
(Specify type of place)

While at work? **no** (e) Means of injury **Monoxide poison**

23. Signature **Robert J. Smith** Address **Box 811 Globe, Ariz** Date signed **12-29-44**