2858

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 534
Registrar's No. 6

1. Place of Death: (a) County Santa Cruz (b) City or Town Nogales (If outside city limits also write RURAL) (c) Location Harker's Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 weeks; In Community 23 yrs (Specify whether years, months or days); In Arizona 45 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Santa Cruz; (c) City or Town Nogales (If outside city limits also write RURAL)

(d) Street No. Ed Yeager residence, 4 mi North on Tucson Rd (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Richard B. Creager (b) If Veteran name war (c) Social Security No. 526-16-3998

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Widowed

6. (b) Name of husband or wife

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

7. Birthdate of deceased April 26, 1887 (Month) (Day) (Year)

8. AGE: Years 57 | Months 8 | Days 29 | If less than one day hrs. ....min....

9. Birthplace Terre Haute, Indiana (City, town or county) (State or Country)

10. Usual Occupation Sheet Metal Worker

11. Industry or Business

Father
12. Name Jesse Creager
13. Birthplace Indiana (City, town or county) (State or Country)

Mother
14. Maiden Name Lilly Teichman
15. Birthplace Indiana (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Berniece Williams
(b) Address Box 1756, Globe, Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Phoenix, Ariz (c) Date 1/29/45 19

18. (a) Embalmer's Signature F. B. Carroon
(b) Funeral Director Carroon Mortuary
(c) Address Nogales, Ariz.

19. (a) 1/29/45 (Date received Local Registrar)
(b) Chas Estandy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 26, 1945;
TIME (Hour and minute) 5:30 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1945 to Jan 26, 1945, that I last saw him alive on Jan 26, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilitation of heart.

Due to acute alcoholism.

Due to

Other conditions (Include pregnancy within three 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)
(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 G. L. Harker, M. D.
Address Nogales, Ariz. Date signed 1/27/45