986

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 390
Registrar's No. 2002

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Ariz. State Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 yrs 11 mos 1 da 1½ hr In Community Same (Specify whether years, months or days); In Arizona 31 yrs 9 mos 5 da 1½ hr

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

(d) Street No. ; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME Peterson, Donald G. (b) If veteran name war (c) Social Security No.

4. Sex M
5. Race White X Indian Negro Oriental
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Feb. 24 1915 (Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 5 If less than one day hrs one min thirty

9. Birthplace St. Johns, Arizona (City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business None

Father
12. Name Marcor Peterson
13. Birthplace (near) Winslow, Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Lavenia Berry
15. Birthplace Kanarra Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Ariz. State Hosp.
(b) Address Phoenix, Arizona

17. (a) Burial, Cremation or Removal
(b) Place St Johns (c) Date 12-2-47

18. (a) Embalmer's Signature Charles H. Myers
(b) Funeral Director Mortenson - Kingsley
(c) Address Phoenix

19. (a) DEC 1 1947 (Date received Local Registrar)
(b) M. Kerr Dipsey (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-30-47, 19
TIME (Hour and minute) 1:30 A. M. M.

21. I hereby certify that I attended the deceased from Nov. 27, 1947, 19 to Nov. 30, 19 47; that I last saw him alive on Nov. 30, 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to Bronchial pneumonia

Due to ~~Psychosis with Epilepsy~~

Other conditions Psychosis with Epilepsy (Include pregnancy within three months of death)

Major findings:
Of operations
Of autopsy

DURATION
?
3 days.

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 Harry E. Phillips M. D.
Address State Hospital Date signed 12-1-47

40M—100% Rag—1-47