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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 821

Registrar's No. 7

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Highway 70-21 miles
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 minutes; In Community life
(Specify whether years, months or days) ; In Arizona life

2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Bylas
(If outside city limits also write RURAL)
(d) Street No. Apache Trading Post (e) Citizen of foreign country (Yes or No) NO
If Yes, which country ***
(c) Social Security No. none

3. (a) FULL NAME Frederic Gustav Patterson (b) If Veteran name was none (c) Social Security No. none

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

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

7. Birthdate of deceased Jan 21, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days 1 0 10 hrs. ** min. **
If less than one day

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

10. Usual Occupation infant

11. Industry or Business infant

12. Name Keith Murray Patterson

13. Birthplace Globe, Arizona
(City, town or county) (State or Country)

14. Maiden Name Melva Maurine Folks

15. Birthplace Hydro, Oklahoma
(City, town or county) (State or Country)

16. (a) Informant's own signature Frederic G. Patterson

(b) Address 14-C Algona Park Phoenix (Granmethy)

17. (a) Burial, Cremation or Removal Burial

(b) Place Pinal Cemetery Date Feb 5, 1948

18. (a) Embalmer's Signature Frank G. Nealy

(b) Funeral Director Frank G. Nealy

(c) Address 328 S. Hill St. Globe, Arizona

19. (a) Feb. 4-48
(Date received Local Registrar)

(b) Irma Waucho
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 1, 1948,
TIME (Hour and minute) 11 P.M. M.

21. I hereby certify that I attended the deceased above,
19 to 19 ,
that I last saw him alive
and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident
upset

Due to _____
Due to _____

Other conditions (include pregnancy within three months of death)
Major findings: _____
Of operations _____

Of autopsy Head Injuries

22. If death was due to external causes, fill in the following

(a) Accident, suicide or homicide (specify) accident

(b) Date of occurrence Feb 1 1948 11 PM

(c) Where did injury occur? Highway 70 Gila Ariz
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway
(Specify type of place)

While at work? no (e) Means of injury Auto upset

23. Signature Glenn G. Guletski M. D.

Address Globe Date signed 2/3/48

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically