

715

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 822

Registrar's No. 8

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 none In Community 31 yrs In Arizona 34 yrs
(Specify whether years, months or days)

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: ***

3. (a) FULL NAME Keith Murray Patterson (b) If Veteran name was none (c) Social Security No. 526-18-6528

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

6. (b) Name of husband Melva Maurine Patterson 6. (c) Age of husband 30 yrs.
or wife, if alive

7. Birthdate of deceased October 5, 1913
(Month) (Day) (Year)

8. AGE: Years 34 Months 4 Days 26 If less than one day
hrs. ** min. **

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

10. Usual Occupation meat salesman

11. Industry or Business meat salesman

12. Name Gus Patterson

13. Birthplace St. Paul Minnesota
(City, town or county) (State or Country)

14. Maiden Name Henrietta Ryberg

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

16. (a) Informant's own signature Henrietta Patterson
(b) Address 14-C-Algonquin Park Phoenix

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cemetery Date Feb. 5, 1948

18. (a) Embalmer's Signature Frank A. Walsh
(b) Funeral Director Frank A. Walsh
(c) Address 328 S. Hill St., Globe, Arizona

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

(b) Gene Wandler
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 1, 1948
TIME (Hour and minute) 9:30 p.m.

21. I hereby certify that I attended the deceased from none
19__ to 19__

that I last saw him alive none 19__

and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident

report

Due to _____

Due to _____

Other conditions (include pregnancy within three months of death)

Major findings: Of operations _____

Of autopsy fracture neck vertebrae

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 Feb. 1, 1948

(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 Place on Highway 70
(Specify type of place)

While at work? _____ (e) Means of injury Auto report

23. Signature Glenn J. Smith M. D.
Address Globe Date signed 2/3/48