

2793

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

7824

1810

BIRTH NO.

REGISTRAR'S NO. 29

DEATH EVIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Globe,</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) <u>Globe,</u>	
	C. LENGTH OF STAY IN PLACE IN ARIZONA <u>1908</u>   <u>1892</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Same.</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grand Hotel, No. Broad St.</u>				
3. NAME OF DECEASED A. (FIRST) <u>Pietro Racich</u> B. (MIDDLE) <u>Also known as</u> C. (LAST) <u>Pete Rogers</u>				
4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>		
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Jan</u> DAY <u>18</u> YEAR <u>1863</u>		8. AGE YEARS <u>86</u> MONTHS <u>2</u> DAYS <u>29</u>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		9B. KIND OF BUSINESS OR INDUSTRY <u>Stone-Mason Austria</u>		
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Austria</u>		11. CITIZEN OF WHAT COUNTRY? <u>Austria</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.		14A. FATHER'S NAME <u>Unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Austria</u>
15A. MOTHER'S MAIDEN NAME <u>Unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY)		
16. INFORMANT'S SIGNATURE <u>Personnel Papers -</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 17 1949</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.				
MEDICAL CERTIFICATION				
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) <u>Natural Causes</u>				
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>April 17</u> , 19 <u>49</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>19</u> , AND THAT DEATH OCCURRED AT <u>6 P.M.</u> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE <u>Cliff Hunt, Coroner</u>		23B. ADDRESS <u>Globe, Arizona</u>		23C. DATE SIGNED <u>April 20, 1949</u>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>April 21, 49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>April 20-49</u>		
25B. REGISTRAR'S SIGNATURE <u>Irene Wawlee</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank S. [Signature]</u>		
ADDRESS <u>Globe, Arizona</u>				