

307

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2280

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH A. COUNTY <i>Cochise County</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE <i>Arizona</i> B. COUNTY <i>Cochise</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>RURAL</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>RURAL</i>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>70 7070</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>post Ranch</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED A. (FIRST) <i>Violet</i> B. (MIDDLE) <i>maria</i> C. (LAST) <i>Peranton</i>		4. SEX <i>female</i> 5. COLOR OR RACE <i>white</i>	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Nov</i> DAY <i>11</i> YEAR <i>1870</i>	
8. AGE YEARS <i>78</i> MONTHS <i>6</i> DAYS <i>18</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVER IF RETIRED.) <i>Her wife</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Utah</i>	
11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	
13. SOCIAL SECURITY NO.			
14. FATHER'S NAME <i>John James Rudy</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>England</i>	
15A. MOTHER'S MAIDEN NAME <i>Rose Hannah Taylor</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Eng</i>	
INFORMANT'S SIGNATURE <i>ella Goodman</i>		ADDRESS	
17. DATE OF DEATH (MONTH) <i>May</i> (DAY) <i>29</i> (YEAR) <i>49</i>		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.	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., HOME 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"/> NO WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>April 19 48</i> TO <i>May 29 49</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>May 27 19 49</i> . AND THAT DEATH OCCURRED AT <i>9:30</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <i>J. M. Pearson M.D.</i>		23B. ADDRESS <i>Benson Ariz</i>	
23C. DATE SIGNED <i>May 29 49</i>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>5-30-49</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St David Cemetery</i>		24D. LOCATION (CITY, TOWN, COUNTY) (STATE) <i>St David Ariz</i>	
25A. DATE REC'D BY LOCAL REG. <i>5-29-49</i>		25B. REGISTRAR'S SIGNATURE <i>addu</i>	
26. FUNERAL DIRECTOR'S SIGNATURE <i>Nettz Mortuary, Springville Ariz</i>		ADDRESS	