

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

44.

05-25
31
OF DEATH
23
AND
RESIDENCE
6

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PERSONAL
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1. PLACE OF DEATH A. COUNTY <u> Graham </u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u> Arizona </u> B. COUNTY <u> Pinal </u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u> Superior </u>)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u> Pima </u>	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u> 14 hrs. 39 yrs </u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u> none </u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u> Mt. Graham Clinic </u>			
3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) <u> LORENA </u>		B. (MIDDLE) <u> PECK </u>	
C. (LAST) <u> PECK </u>		4. SEX <u> Fe </u>	5. COLOR OR RACE <u> White </u>
6. MARRIED - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u> Dec. </u> DAY <u> 7 </u> YEAR <u> 1910 </u>	
8. AGE YEARS <u> 39 </u> MONTHS <u> 6 </u> DAYS <u> 1 </u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u> Housewife </u>	9B. SOCIAL SECURITY NO. <u> None </u>
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u> Arizona </u>	11. CITIZEN OF WHAT COUNTRY? <u> U.S.A. </u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u> No </u>
14A. FATHER'S NAME <u> Donald Maurice </u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u> Utah </u>	15A. MOTHER'S MAIDEN NAME <u> Lorena Taylor </u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u> Utah </u>
16. INFORMANT'S SIGNATURE <u> Andrew H Peck </u>		17. DATE OF DEATH (MONTH) <u> June </u> (DAY) <u> 8 </u> (YEAR) <u> 1950 </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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u> Cerebral Embolism </u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u> Auricular Fibrillation </u> DUE TO (c) <u> Rheumatic Heart Disease </u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u> Renal and Pulmonary Emboli </u>	
INTERVAL BETWEEN ONSET AND DEATH <u> immediate </u>		years <u> </u>	
years <u> </u>			
19A. 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., 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 19, 1950 </u> TO <u> 6-7 </u> , 1950. THAT I LAST SAW THE DECEASED ALIVE ON <u> 6-7 </u> , 1950. AND THAT DEATH OCCURRED AT <u> 12 </u> P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u> John W. Moran M.D. </u>		23B. ADDRESS <u> Safford, Arizona </u>	23C. DATE SIGNED <u> 6/9/50 </u>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u> 6/10/50 </u>	24C. NAME OF CEMETERY OR CREMATORY <u> Pima Cemetery </u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u> Pima Arizona </u>
25A. DATE REC'D BY LOCAL REG. <u> June 9, 1950 </u>	25B. REGISTRAR'S SIGNATURE <u> J. N. Stratton </u>	25C. FUNERAL DIRECTOR'S SIGNATURE <u> W. H. Caldwell </u>	25D. ADDRESS <u> Safford </u>
26. EMBALMER'S SIGNATURE <u> J. H. Caldwell </u>	27. EMBALMER'S SIGNATURE <u> J. H. Caldwell </u>	CERT. NO. <u> 291A </u>	

Andrew H Peck