

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

801

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>		REGISTRAR'S NO.	
C. LENGTH OF STAY IN THIS PLACE (IF ARIZONA) <i>5 yrs 6 mos</i>		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Rayson</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Rayson</i>		3. NAME OF DECEASED A. (FIRST) <i>Walter</i> B. (MIDDLE) <i>Morgan</i> C. (LAST) <i>Morgan</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <i>Man St.</i>		E. AGE YEARS <i>48</i> MONTHS DAYS		F. DATE OF BIRTH MONTH <i>1</i> DAY <i>9</i> YEAR <i>1953</i>		4. SEX <i>male</i> 5. COLOR OR RACE <i>white</i>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Arizona</i>		11. CITIZEN OF WHAT COUNTRY <i>U.S.A.</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.	
14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME		15B. BIRTHPLACE (STATE OR COUNTRY)	
16. INFORMANT'S SIGNATURE <i>Walter Morgan</i>		ADDRESS <i>Rayson, Arizona</i>		17. DATE OF DEATH (DAY) <i>February 23</i> (MONTH) <i>1953</i> (YEAR)		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (a), (b), (c). <i>Hydrostatic pneumonia</i> DUE TO (b) <i>congestive heart failure</i> DUE TO (c) <i>chronic nephritis</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		19C. (CITY OR TOWN)		19D. (STATE)	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN)	
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?		21G. (CITY OR TOWN)	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Feb 21</i> 19 <i>53</i> TO <i>Feb 23</i> 19 <i>53</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Feb 22</i> 19 <i>53</i> AND THAT DEATH OCCURRED AT <i>11:30 AM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <i>William C. Peterson, M.D.</i>		23B. ADDRESS <i>Rayson, Arizona</i>		23C. DATE SIGNED <i>2-23-53</i>	
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
25A. DATE REC'D BY LOCAL REG. <i>2-23-53</i>		25B. REGISTRAR'S SIGNATURE <i>J. H. Carls</i>		26. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
27. EMBALMER'S SIGNATURE		27. EMBALMER'S SIGNATURE		27. EMBALMER'S SIGNATURE		CERT. NO.	