

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6868

CERTIFICATE OF DEATH

REGISTRAR'S NO.

222

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>6 yrs</u> IN ARIZONA <u>78 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION		E. FULL NAME OF STREET ADDRESS OR LOCATION) <u>Globe</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>6th street</u>		
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Mrs. Wilhelmina Fredericka Pieper</u> B. (MIDDLE) C. (LAST)			4. SEX <u>female</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>	
	6B. NAME OF SPOUSE <u>deceased August Ernest Pieper</u>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>15</u> YEAR <u>1870</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>84</u>	IF UNDER 1 YEAR MONTHS <u>7</u> DAYS <u>16</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>housewife</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Hamburg, Germany</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>		13. SOCIAL SECURITY NO. <u>unknown</u>	
	14A. FATHER'S NAME <u>Gustave Bohse</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>	15A. MOTHER'S MAIDEN NAME <u>(unknown)</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>(unknown)</u>	
CAUSE OF DEATH (TEM 18)	16. INFORMANT'S SIGNATURE <u>Ernest Pieper Globe Ariz</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>December 1, 1954 9:15 a.m.</u>			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>(A) X</u> ‡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 CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Hodgkin's Disease</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Generalized Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>about 10 years</u>	
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION <u>none</u>	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan. 15, 1954</u> , TO <u>Dec. 1, 1954</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Dec. 1, 1954</u> , AND THAT DEATH OCCURRED AT <u>9:15 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <u>T. C. Harper, M.D.</u>		22B. ADDRESS <u>Globe, Arizona</u>		22C. DATE SIGNED <u>12-2-54</u>		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) M _____		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
CORONER'S SIGNIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
	25. NAME OF CEMETERY OR CREMATORY <u>Payson Cemetery</u> 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Payson, Arizona</u>						
GENERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <u>Dec 4-1954</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Payson Cemetery</u>		
	26A. DATE REC. BY LOCAL REG. <u>12-2-54</u>		26B. REGISTRAR'S SIGNATURE <u>James Marshall</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>James Wacker</u>		27B. ADDRESS <u>Globe, Arizona</u>

James Wacker
Funeral Home Wacker Embalmers #325