

NAME OF DECEASED: Emil Peterson

DOB: —

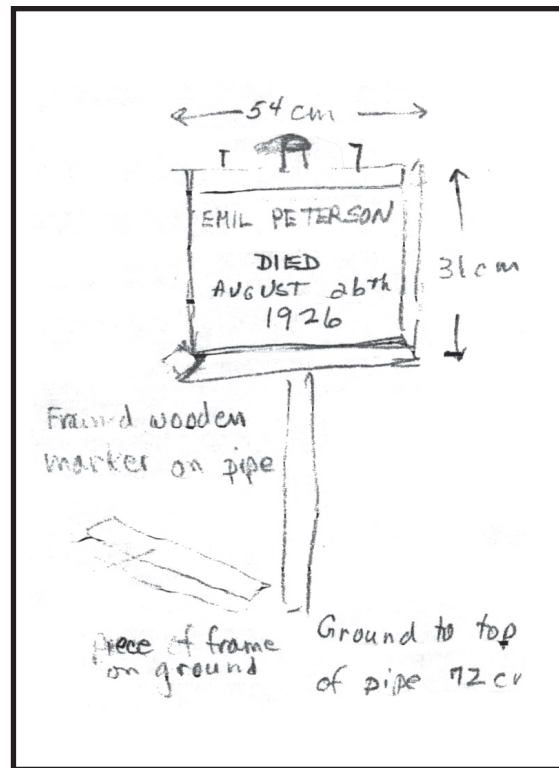
DOD: 8-26-1926

GRAVE PLOT #: 135

CONDITION PLOT: Good

MARKER/HEADSTONE:

Wood. Framed wooden board on pipe facing east across a mound of dirt. There are no stones to mark the grave. Two small trees have been cut, each at 1m diameter. The bark is still on but drying away from core.



Drawing of Marker by RBH 1/9-94

REF BOOK#2

INSCRIPTION:

Emil Peterson
Died
August 26th
1926

HISTORY OF DECEASED:

INFORMATION—LIVING RELATIVES:

NAME OF DECEASED: Emil Peterson
DOB: —
DOD: 8-26-1926
GRAVE PLOT #: 135

GRAVE SITE of Deceased



View 1 — Main (close)



View 2 — Main (front)

DEATH CERTIFICATE of Deceased

DECEASED: Emil Peterson
DOB: —
DOD: 8-26-1926
GRAVE PLOT #: 135

Place of Death:
 Mogollon, NM (Catron County)

Full Name: Emil Peterson
Sex: Male
Color/Race: White
S/M/W/D: Single
Occupation: Miner

Birthplace: Sweden
Father: Not Known
Mother: Not Known

Burial: 8.28.1926
 Mogollon Cemetery

STATE OF NEW MEXICO, BUREAU OF PUBLIC HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County of Catron Registered No. _____
 School District of _____ or Village of Mogollon
 or City of Mogollon St. _____ Ward _____

2 FULL NAME Emil Peterson
 (If death occurred in hospital or institution, give his NAME instead of street and number)

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 LENGTH OF RESIDENCE in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Single

6a If MARRIED, widowed, or divorced
 HUSBAND OF _____
 (or) WIFE of _____

6 DATE OF BIRTH _____ month _____ day _____ year

7 AGE 63 YEARS Months _____ Days _____ IF YETTS than 1 day _____ hrs _____ or min. _____

8 OCCUPATION OF DECEASED Miner
 (a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer Not employed.

9 BIRTHPLACE (city or town) Sweden
 (State or country)

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER Not known
 (City or town) (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER Not known
 (City or town) (State or country)

14 Informant L. C. White
 (Address) Mogollon, N. Mex.

15 Date Aug 27, 1926 Signature L. C. White

16 DATE OF DEATH August 26 1926
 MONTH DAY YEAR

17 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date stated above, at _____
 The CAUSE OF DEATH* was as follows: 1079
 Miner's consumption,
 hemorrhage from nose and
 mouth
 _____ (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted In Mogollon
 If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no
 What test confirmed diagnosis? no
 (Signed) _____ M. D.

*State the Primary Disease causing death. See reverse for instructions as to statement of cause of death.

19 PLACE OF BURIAL, CREMATION OR _____ DATE OF BURIAL
 REMOVAL Mogollon, N. Mex. Aug 28 1926
 20 UNDERTAKER _____ ADDRESS _____

SUB-REGISTRAR

MEDICAL CERTIFICATION

Time of Death: 1:07 am
Cause of Death: Miner's consumption, hemorrhage from nose & mouth
Where was disease contracted: Mogollon

Physician Signature: L.C. White, MD
Address: Mogollon, NM
Date: 8/27/1926