

2421

FILL OUT ALL BLANKS  
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>644</u>
District <u>Some</u>		ORIGINAL CERTIFICATE OF DEATH	County Registered No. _____
Town _____			Local Registrar's No. <u>7</u>
Or City _____			
No. _____ St. _____		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
FULL NAME <u>Joseph Banks Perkins</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White Indian</u> <del>Black Chinese Mexican</del>	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>July 10</u> 191 <u>9</u> (Month) (Day) (Year)
DATE OF BIRTH <u>July 14 1849</u> (Month) (Day) (Year)	I hereby certify, that I attended deceased from _____ 191____ to _____ 191____; that I last saw h_____ alive on _____ 191____, and that death occurred on the date stated above at <u>1000 P.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Senility</u>		
AGE <u>69</u> yrs. <u>5</u> mos. <u>26</u> days If less than 1 day _____ hrs., or _____ min.	(Duration) <u>3</u> yrs. _____ mos. _____ days		
OCCUPATION (a) Trade, profession or particular kind of work <u>minister</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____	Was disease contracted in Arizona? _____ If not, where? _____		
BIRTHPLACE (State or country) <u>Texas</u>	CONTRIBUTORY <u>stroke</u> (Duration) <u>5</u> yrs. _____ mos. _____ days		
NAME OF FATHER <u>David B. Perkins</u>	(Signed) <u>E. W. Daniel J. P.</u> <u>1/10</u> 191 <u>9</u> (Address) <u>Some Ariz.</u>		
BIRTHPLACE OF FATHER (State or Country) <u>Va</u>	*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
MAIDEN NAME OF MOTHER <u>Banks</u>	LENGTH OF RESIDENCE		
BIRTHPLACE OF MOTHER (State or Country) _____	At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
The Above Is True to the Best of My Knowledge (Informant) <u>Joseph Perkins</u>	Former or Usual Residence _____		
(Address) <u>Yuma Ariz.</u>	Filed <u>July 13</u> 191 <u>9</u> <u>May A. Wappaway</u> Local Registrar		
PLACE OF BURIAL OR REMOVAL <u>Yuma Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>1/11</u> 191 <u>9</u>	Filed <u>2/10</u> 191 <u>9</u> <u>C. E. Rooney</u> County Registrar	
UNDERTAKER <u>Johnson</u>	ADDRESS <u>Yuma Ariz.</u>		

WHILE FILLING, WRITE CAREFULLY