

CERTIFICATE OF DEATH

REGISTRAR'S NO. 443.

PLACE OF DEATH 5 AND 98 AL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY: <u>Gila</u>		B. LENGTH OF STAY (IN THIS TOWN) (IN ARIZONA) <u>1 Day</u> (<u>8 yrs</u>)		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION) RESIDENCE BEFORE ADMISSION) A. STATE: <u>Arizona</u> B. COUNTY: <u>Pinal</u>	
	C. CITY OR TOWN: <u>Globe</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		D. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Highway 88 - N of Globe, 30 miles</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION): <u>1781 Townsite</u>	
DECEDENT PERSONAL DATA / 48	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): <u>Ruby</u> B. (MIDDLE): <u>Lee</u> C. (LAST): <u>Perdue</u>			4. SEX: <u>fe</u>	5. COLOR OR RACE: <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <u>married</u>
	6B. NAME OF SPOUSE: <u>James W. Perdue</u>		7. DATE OF BIRTH: <u>Feb 2 1908</u>	8. AGE (IN YEARS LAST BIRTHDAY): <u>48</u>	IF UNDER 1 YEAR: <u>7</u> MONTHS <u>27</u> DAYS	IF UNDER 24 HRS. <u>**</u> HOURS <u>**</u> MIN.
CAUSE OF DEATH (ITEM 18)	9B. KIND OF BUSINESS OR INDUSTRY: <u>housewife</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): <u>Cleatland, Tenn.</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>none</u>
	14A. FATHER'S NAME: <u>William H. Bright</u>	14B. BIRTHPLACE (STATE OR COUNTRY): <u>Tenn.</u>	16A. MOTHER'S MAIDEN NAME: <u>Cardie H. Pichel</u>	16B. BIRTHPLACE (STATE OR COUNTRY): <u>W. Va.</u>		
OPERATIONS, AUTOPSY	16. INFORMANT'S SIGNATURE: <u>Mrs. Joe Ann Gardner, Globe, Ariz.</u>		17. DATE OF DEATH: <u>Sept 29, 1956</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR): <u>p. m.</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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (C)		MEDICAL CERTIFICATION (A) <u>Compressed fracture skull - multiple fractures - fracture due to self jump (auto accident)</u> DUE TO (C)	
MEDICAL CERTIFICATION	19A. DATE OF OPERATION: _____		19B. MAJOR FINDINGS OF OPERATION: <u>(post mortem exam. body)</u>		20. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Examined body 9-29-56 at 8 P.M.</u> , 19 <u>56</u> , TO _____, 19 <u>56</u> , THAT I LAST SAW THE DECEASED _____, AND THAT DEATH OCCURRED AT _____ M. 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, Ariz.</u>		22C. DATE SIGNED: <u>9-29-56</u>	
	29A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE: <u>Accident</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): <u>Highway 88</u>	23C. (CITY OR TOWN) (COUNTY) (STATE): <u>Globe Pinal Arizona</u>	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY: <u>Sept 29, 1956 5 P.M.</u>		
CORONER'S CERTIFICATION	23E. INJURY OCCURRED: <input checked="" type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		23F. HOW DID INJURY OCCUR?: <u>1-Car auto accident</u>			
	24A. CORONER'S SIGNATURE: <u>W.H. Hunt</u>		24B. ADDRESS: <u>Globe, Arizona</u>		24C. DATE SIGNED: <u>9-30-56</u>	
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE: <u>Sept 30, 1956</u>	25C. NAME OF CEMETERY OR CREMATORY: <u>Valley Memorial Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): <u>Coolidge, Arizona</u>	
	26A. DATE REC. BY LOCAL REG.: <u>10-1-56</u>	26B. REGISTRAR'S SIGNATURE: <u>Dennis Wansler</u>	26C. FUNERAL DIRECTOR'S SIGNATURE: <u>Gene James Walker</u>		26D. ADDRESS: <u>Globe, Arizona</u>	