ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6010

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 48

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY: IN THIS TOWN 32 yrs; IN ARIZONA 32 yrs
C. CITY OR TOWN: Franklin — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3/4 miles S.E. of P.O.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Greenlee
C. CITY OR TOWN: Franklin — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3/4 miles S.E. of P.O.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Vernon B. (MIDDLE) Edgar C. (LAST) Perry
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ella Mae
7. DATE OF BIRTH: MONTH Feb DAY 16 YEAR 1927
8. AGE (IN YEARS LAST BIRTHDAY): 32 — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Miner
9B. KIND OF BUSINESS OR INDUSTRY: Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO. 526-36-1229
14A. FATHER'S NAME: John E. Perry
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Margie Quinn
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Everett Carter — ADDRESS: Duncan
17. DATE OF DEATH (MONTH) August (DAY) 9 (YEAR) 1959

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, 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)
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19__, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE)
22B. ADDRESS
22C. DATE SIGNED

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Self inflicted Gunshot wound
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Franklin Greenlee Ariz
23D. TIME OF INJURY (MONTH) August 9 (DAY) (YEAR) (HOUR) 1959 1-30 PM
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Self inflicted Gunshot wound

24A. CORONER'S SIGNATURE: J.E. Sergt
24B. ADDRESS: Box 13 Duncan Arizona
24C. DATE SIGNED: 8-9-59

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 8-12-59
25C. NAME OF CEMETERY OR CREMATORY: Jerusalem Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Franklin Ariz
26A. DATE REC. BY LOCAL REG.: 8-13-59
26B. REGISTRAR'S SIGNATURE: Mrs. Osborne N. Smith, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: C. H. Caldwell
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: Dale A. Carlstedt
28B. EMBALMER'S CERT. NO.: 368-A

FORM VS-2 REV. 3-15-55