

1022

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Apache State \_\_\_\_\_ Registered No. \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City McNary No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Elmer Perrod  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred \_\_\_\_\_ mos. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married  
 (Write the word)

6. DATE OF BIRTH (month; day and year) \_\_\_\_\_

7. AGE Years 31 Months 8 Days 10 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Mail Carrier & Common laborer  
 (b) General nature of industry, business or establishment in which employed (or employer) Post  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Perrod (State or country) \_\_\_\_\_

10. NAME OF FATHER Eph Perrod  
 (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

11. BIRTHPLACE OF FATHER \_\_\_\_\_ (State or country) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Jane Hanson  
 (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

13. BIRTHPLACE OF MOTHER \_\_\_\_\_ (State or country) \_\_\_\_\_

14. Informant Mrs. Edna Perrod  
 (Address) White Cross, Ariz

15. Filed \_\_\_\_\_, 19 \_\_\_\_\_  
M. C. Stevenson Registrar.  
Local

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 8/9 1926

17. I HEREBY CERTIFY, That I attended deceased from 8/4, 1926 to 8/9, 1926, that I last saw him alive on 8/9, 1926 and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:  
Infective obstruction following appendicitis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Appendicitis 6 days before operation (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted \_\_\_\_\_ if not at place of death?  
 Did an operation precede death? yes Date of 8/4/26  
 Was there an autopsy? no  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) M. C. Stevenson, M. D.  
8/9 1926 (Address) McNary

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Post Ariz DATE OF BURIAL 8/10/26

20. UNDERTAKER none ADDRESS \_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.