

1120

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED IN FULL YEARS, MONTHS AND DAYS. OCCUPATION IS TO BE STATED IN PLAIN TERMS, SO THAT IT MAY BE UNDERSTOOD BY ALL PHYSICIANS. Exact state-
ified.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH Gila State ARIZONA Registered No. 59
 County Gila or Village _____
 Township Globe No. Gila General Hosp. St. _____ Ward _____
 City Globe (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town (Dusan) 20 yrs. mos. ds. How long in U. S. if of foreign birth? 30 yrs. mos. ds.
 2. FULL NAME Daniel Pejakovich How long in State when death occurred? 10 yrs. mos. ds.
 (a) Residence: No. Blake Street St. _____ Ward _____ (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) married
 5a. If married, widowed, or divorced HUSBAND of Mrs. Mary Pejakovich
 6. DATE OF BIRTH (month, day, and year) 4-23-1884
 7. AGE Years 50 Months - Days - If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15, 1934
 22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934 to Feb 15, 1934
 I last saw him alive on Feb 15, 1934; death is said to have occurred on the date stated above, at 5:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Lobar Pneumonia Date of Onset Feb 12
 Other contributory causes of importance:
Pneumococcosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) C. J. Smith M. D.
 (Address) Globe