

2657

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 EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS		
1. PLACE OF DEATH				State File No. <u>55</u>		Registered No. <u>52</u>		
County <u>Gila</u>		State <u>ARIZONA</u>						
Township _____		or Village _____						
City <u>Globe</u>		No. <u>Gila General Hospital</u>		St. _____		Ward _____		
(If death occurred in a hospital or institution, give its NAME instead of street and number)								
Length of residence in city or town where death occurred.....yrs.....mos.....ds.				How long in U. S. if of foreign birth?.....yrs.....mos.....ds.				
2. FULL NAME <u>Lawrence Edward Patricko</u>				How long in State when death occurred?.....yrs.....mos.....ds.				
(a) Residence: No. _____		St. _____		Ward _____		(If non-resident give city or town and State)		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word)		21. DATE OF DEATH (month, day, and year) <u>May 1, 1934</u>				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>12 A.M. - 5/1/34 to 12 P.M. - 4/1/34</u>				
6. DATE OF BIRTH (month, day and year) <u>May-1-1934</u>				I last saw him alive <u>5/1/34</u> ; death is said to have occurred on the date stated above, at <u>12:00 A.M.</u>				
7. AGE	Years _____	Months _____	Days _____	If LESS than 1 day, _____ hrs. or _____ min.		The principal cause of death and related causes of importance were as follows:		
OCCUPATION	8. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
	12. BIRTHPLACE (city or town) (state or country) <u>Globe Arizona.</u>						Date of Onset _____	
	13. NAME <u>Frank Patricko</u>							
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Pueblo, Colo.</u>							
	15. MAIDEN NAME <u>Hazel Odgen</u>							
	16. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>							
17. INFORMANT <u>Frank Patricko</u> (Address) <u>Globe, Arizona.</u>								
18. BURIAL, CREMATION, OR REMOVAL								
Place <u>Globe Cemetery</u>		Date <u>5/1/34</u>						
19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe, Arizona.</u>								
20. Filed <u>May 22 1934</u>		By <u>Wm. B. Jones</u>		Registrar				
				21. Name of operation <u>none</u> Date of _____				
				What test confirmed diagnosis? <u>Examination</u> Was there an autopsy? <u>no</u>				
				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. War disease or injury in any way related to occupation of deceased? <u>no</u>				
				If so, specify _____				
				(Signed) <u>T. C. Harper</u>		M. D.		
				(Address) <u>Globe, Arizona</u>				