

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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 42 STATE FILE NO. 83

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR CITY Globe NO. Gila General Hospital ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 14 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG \_\_\_\_\_ S. IF OF FOREIGN BIRTH? 28 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Charles Penn HOW LONG IN STATE WHEN DEATH OCCURRED? 14 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Divorced</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 7, 1935</u>	
5A. IF MARRIED, <del>WIFE</del> <u>DIVORCED</u> HUSBAND OF <u>Agnes Penn</u> <u>Divorced</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>May 1, 1935</u> TO <u>May 7, 1935</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				I LAST SAW HIM ALIVE ON <u>May 7, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5:00</u> A. M.	
7. AGE	YEARS	MONTHS	DAYS	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
	<u>48</u>			<u>Chronic Pulmonary Tuberculosis with Cavitation</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				DATE OF ONSET	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Miner</u>				<u>1925</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Austria</u>					
13. NAME <u>?</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>?</u>					
15. MAIDEN NAME <u>?</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>?</u>					
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>St. Ann's Cemetery</u> DATE <u>May 10, 1935</u>					
19. EMBALMER (LICENSE NO. <u>181-A</u> ) SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR License # <u>10-A-1212</u> ADDRESS <u>Globe Arizona</u>					
20. FILED <u>May 9, 1935</u> REGISTRAR <u>[Signature]</u>					
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? <u>no</u>					
IF SO, SPECIFY (SIGNED) <u>[Signature]</u> , M. D. (ADDRESS) <u>Globe</u>					