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MARGIN RESERVED FOR BINDING
Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. Dr. Bratton 731
REGISTERED NO. 39

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA OR
TOWNSHIP Globe OR VILLAGE _____ ST. _____ WARD _____
CITY Globe NO. Gila General Hospital (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 _____ YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
HOW LONG IN STATE WHEN DEATH OCCURRED? 40 YRS. _____ MOS. _____ DS.

2. FULL NAME Victor Perrin
(A) RESIDENCE: NO. 506 Orphan St. ST. _____ WARD. Miami, Ariz. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.
abt. 76

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Cook

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. unemployed

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 1925 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Terraine France

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown

17. INFORMANT (ADDRESS) Luke Cullen Miami, Arizona

18. BURIAL CREMATION, OR REMOVAL PLACE Central Cemetery DATE June 8, 1935

19. EMBALMER SIGNATURE Dalton H. Lee LICENSE NO. 209-4
FUNERAL DIRECTOR Miles Mortuary Miami, Ariz.
ADDRESS C. M. Iron

20. FILED July 12, 1935 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1935

22. I HEREBY CERTIFY, THAT DECEASED FROM _____ TO _____ 1935
I LAST SAW HIM ALIVE ON July 5, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Obv. Pneumonia

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No

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) Wm. S. Bratton M. D.
(ADDRESS) Miami

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M-10-6-34-SEP-GAZ PRINTERY—FORM 2