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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 STATE FILE NO. 73  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ REGISTERED NO. 96  
CITY GLOBE NO. ICE-HOUSE CANYON ST. \_\_\_\_\_ OR \_\_\_\_\_ WARD \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
IN CITY OR TOWN WHERE DEATH OCCURRED 40 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_ HOW LONG IN STATE WHEN DEATH OCCURRED? 40 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_

2. FULL NAME KNIGHT PARKER  
(A) RESIDENCE: NO. ICE-HOUSE CANYON ST. \_\_\_\_\_ WARD \_\_\_\_\_ (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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF LULU PARKER (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 9, 1858.

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
76 10 16

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. BLACKSMITH CARPENTER &  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. RETIRED.

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 COUNTY) DOWLING GREEN KY.

MOTHER FATHER

13. NAME THOMAS PARKER

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

15. MAIDEN NAME PEACHE CURTLEY

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

17. INFORMANT MRS. LULU PARKER (ADDRESS) GLOBE, ARIZ.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Cemetery DATE 10-27-1935

19. EMBALMER LICENSE NO. 118-A SIGNATURE W. D. Jones FUNERAL DIRECTOR LICENSE NO. 10-A SIGNATURE W. D. Jones ADDRESS Globe, Arizona

20. FILED Dec 13, 1935 REGISTRAR Jeffrey Thom

MEDICAL STATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Oct 23, 1935, TO Oct 25, 1935.  
I LAST SAW HIM ALIVE ON Oct 24, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:00 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Nephritis parenchymatous (parenchymatous) DATE OF ONSET \_\_\_\_\_

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? no  
IF SO, SPECIFY \_\_\_\_\_  
(SIGNED) W. D. Kennedy M. D.  
(ADDRESS) Globe Ariz.