

4811

Dr. Harper

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 33

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 19
 TOWNSHIP _____ OR VILLAGE _____
 CITY Globe NO. 627 S. Hill St. 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 15 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Polly Irene Walker HOW LONG IN STATE WHEN DEATH OCCURRED: _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 332 Cottonwood St. ST. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.J. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
<u>41</u>	<u>11</u>	<u>27</u>		

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

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) August, 1935 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Pareah (STATE OR COUNTY) Utah

13. NAME David Penrod FATHER BIRTHPLACE (CITY OR TOWN) Fillmore (STATE OR COUNTY) Utah

15. MAIDEN NAME Cynthia Ann Smith MOTHER BIRTHPLACE (CITY OR TOWN) St. George (STATE OR COUNTY) Utah

17. INFORMANT (ADDRESS) Mr. W.J. Walker
Globe, Arizona

18. PLACE OF REMOVAL Pinetop, Ariz. DATE OF REMOVAL March 1, 1936

19. EMBALMER LICENSE NO. 18-A SIGNATURE Frank J. Tippitt
 FUNERAL DIRECTOR Lic. 10-A ADDRESS Globe, Arizona

20. FILED March 3, 1936 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 28, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 15, 1936 TO Feb. 28, 1936
 I LAST SAW HIM ALIVE ON Feb. 28, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:50 P.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Dementia Praecox ONSET about July 1, 1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION None DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS Examination 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 _____
 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) T.C. Harper M. D.
 (ADDRESS) Globe, Arizona

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.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION