

7883

Dr. Harper

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 STATE FILE NO. 56 REGISTERED NO. 60

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
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 58 YRS. _____ MOS. _____ DS. _____
2. FULL NAME Eliza Jane Pascoe HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. 312 S. Hill St. ST. _____ WARD _____
(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) Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1842
7. AGE YEARS 93 MONTHS 6 DAYS 22 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. At Home
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) New Harmony
(STATE OR COUNTY) Posey Co. Indiana

13. NAME Daniel J. Perkey
14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTY)

15. MAIDEN NAME Elizabeth Lyons
16. BIRTHPLACE (CITY OR TOWN) Maine
(STATE OR COUNTY)

17. INFORMANT Fred Pascoe
(ADDRESS) Globe, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE July 3, 1936

19. EMBALMER { LICENSE NO. 718-A
FUNERAL DIRECTOR { SIGNATURE Fred R. Jones
10-A Fred R. Jones
ADDRESS Globe, Arizona

20. FILED July 11, 1936 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1936
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 20, 1936 TO July 1, 1936
LAST SAW HER ALIVE ON July 1, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:20 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET
Arterio sclerosis and Chronic Interstitial nephritis about 1920

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 _____, 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) T. C. Harper M. D.
(ADDRESS) Globe, Arizona