

1641

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.

Dr. Hunter

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 1114

1. PLACE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 104

TOWNSHIP _____ OR VILLAGE _____ OR

CITY Globe NO. Near Foundry-South Globe 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 21 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH 21 YRS. _____ MOS. _____ DS.

2. FULL NAME Andres Perez HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. Near Foundry-South Globe WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felipa F. Perez

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1862

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

74 1 _____

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

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) 1936 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

13. NAME Perez

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

15. MAIDEN NAME Ignacia

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

17. INFORMANT Mrs. Felipa F. Perez (ADDRESS) Globe, Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE Jan. 1, 1937

19. EMBALMER { LICENSE NO. 18A SIGNATURE [Signature] FUNERAL DIRECTOR 10A ADDRESS Globe, Ariz.

20. FILED Jan 8, 1937 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec. 21, 1936 TO Dec. 29, 1936

I LAST SAW HIM ALIVE ON Dec 29, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:45 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET

Acute Lobar Pneumonia Dec 26

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

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? _____

IF SO, SPECIFY _____

(SIGNED) [Signature] M. D. (ADDRESS) _____