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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

STATE FILE NO. 87

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 27
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Globe, 78 Highland Drive 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? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME George Edward Penn HOW LONG IN STATE WHEN DEATH OCCURRED 10 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 78 Highland Drive ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3/12/37, 19</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Ethel Penn</u>				22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Dec. 1, 1936</u> TO <u>March 12, 1937</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 nd 187</u>				I LAST SAW HIM ALIVE ON <u>March 11, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6 A.</u> M.		
7. AGE	YEARS <u>59</u>	MONTHS <u>20</u>	DAYS <u>9</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Transfer Business</u>				<u>Chronic Nephritis and Arterio Sclerosis</u> <u>about 1930</u>	
	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		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Diabetes Mellitus</u> <u>about 1935</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Moberly, Missouri</u>						
13. NAME <u>John Penn</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Moberly, Missouri</u>						
MOTHER	15. MAIDEN NAME <u>Laura Alice Hume</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Moberly Missouri</u>					
17. INFORMANT (ADDRESS) <u>Clara Ethel Penn</u> <u>Globe, Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>L. A. Calif.</u> DATE <u>3/14/37, 19</u>						
19. EMBALMER (LICENSE NO. <u>222-A</u>) SIGNATURE <u>Duffin Scott</u> FUNERAL DIRECTOR <u>Myles Martians 68-A</u> ADDRESS <u>State, Arizona</u>						
20. FILED <u>Mar 13 1937</u> REGISTRAR						
NAME OF OPERATION <u>none</u> DATE OF _____					WHAT TEST CONFIRMED DIAGNOSIS? <u>Examination</u> WAS THERE AN AUTOPSY? <u>no</u>	
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? <u>no</u>						
IF SO, SPECIFY (SIGNED) <u>T. C. Harper</u> M. D. (ADDRESS) <u>Globe, Ariz.</u>						