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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.

Dr. Kennedy

**STANDARD CERTIFICATE OF DEATH**      **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 90

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 951  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
 CITY Globe NO. 665 South East Street ST. \_\_\_\_\_ OR 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 19 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME John Hickerson Penn HOW LONG IN STATE WHEN DEATH OCCURRED? 37 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. 665 S. East St. 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>May 19, 1937</u>	I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>May 19, 1937, TO May 19, 1937</u> I LAST SAW HIM ALIVE ON <u>May 19, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1:00 p.m.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maude Penn</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Coronary thrombosis May 19</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 21, 1884</u>					DATE OF ONSET <u>1925</u>	
7. AGE	YEARS <u>52</u>	MONTHS <u>8</u>	DAYS <u>28</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Arteriosclerosis 1925</u> <u>Diabetes 1936</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Warehouseman</u>				NAME OF OPERATION _____ DATE OF _____	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Globe Hdwe. Co.</u>				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
FATHER	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				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? _____ <small>(SPECIFY CITY OR TOWN, COUNTY AND STATE)</small>	
	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Moberly, Mo.</u>				MANNER OF INJURY _____	
	13. NAME <u>John E. Penn</u>				NATURE OF INJURY _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Moberly, Mo.</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____		
15. MAIDEN NAME <u>Laura Alice Humes</u>				IF SO, SPECIFY (SIGNED) <u>R. D. Kennedy</u> N. D. _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>				(ADDRESS) <u>Globe Ariz.</u>		
17. INFORMANT <u>Mrs. Maude Penn</u>				20. FILED <u>May 22, 1937</u> <u>R. D. Kennedy</u> REGISTRAR		
18. BURIAL PLACE <u>Globe Cemetery</u> DATE <u>May 22, 1937</u>				19. EMBALMER LICENSE NO. <u>18-A</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>10-A [Signature]</u> ADDRESS <u>Globe, Arizona</u>		