

663

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. 86
REGISTERED NO. 78

1. PLACE OF DEATH
COUNTY Yuma STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Globe NO. Yuma County Hospital ST. _____ OR _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME John Lloyd Packard HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Torres Basin, Ariz. ST. _____ WARD _____ HOW LONG IN STATE WHEN DEATH OCCURRED 12 YRS. _____ MOS. _____ DS.
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5-1897

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
42 0 12

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

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) (STATE OR COUNTY) Yuma, Ariz.

13. NAME Florence Packard

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

15. MAIDEN NAME Frances Harter

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

17. INFORMANT A. M. Packard

18. BURIAL, CREMATION, OR REMOVAL PLACE Torres Basin, Ariz. DATE 8-18, 1937

19. EMBALMER LICENSE NO. 2004 SIGNATURE W. H. McPellan
FUNERAL DIRECTOR W. H. McPellan
ADDRESS Globe, Ariz.

20. FILED Aug 7, 1937 Gene W. Hester REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug 10, 1937 TO Aug 17, 1937
I LAST SAW him ALIVE ON Aug 17, 1937: DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:00 A. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Tubercular Colitis DATE OF ONSET _____

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Resection of Cecum with Peritonitis

NAME OF OPERATION _____ DATE OF Aug 17
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? No
IF SO, SPECIFY _____
(SIGNED) R. J. Kennedy M. D.
(ADDRESS) Globe Ariz.