

2656

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. 51
COUNTY Gila STATE ARIZONA REGISTERED NO. 108
TOWNSHIP _____ OR VILLAGE _____
CITY Globe NO. Gila County Hospital OR _____
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____ ST. _____ WARD _____
IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U.S. (IF OF FOREIGN BIRTH) _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Eldora Cox Perkins HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Del Monte Hotel Miami Ariz. (USUAL PLACE OF ABODE) WORD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Perkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1900
7. AGE YEARS 36 MONTHS I DAYS 13 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. At Home
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) Texas
13. NAME S. J. Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) No.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____
17. INFORMANT A. J. PERKINS (ADDRESS) Miami
18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE Dec. 4, 1937
19. EMBALMER LICENSE NO. 18 A. SIGNATURE [Signature] FUNERAL DIRECTOR LICENSE NO. 10 A. SIGNATURE [Signature] ADDRESS Globe Arizona
20. FILED [Signature] REGISTER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1937
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov. 26, 1937 TO Dec. 1, 1937
I LAST SAW HIM ALIVE ON Dec. 1, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT II P M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: pulmonary Oedema DATE OF ONSET Nov 26 1937
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Hypertension (Ex. of cholesterol) 15 yrs Chronic Myocarditis 15 yrs
NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ 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? _____
IF SO, SPECIFY (SIGNATURE) Person A. Grayson M. D. (ADDRESS) Miami Ariz

10M-1-25-34 FORM 2-100% RAC
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION