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MARGIN RESERVED FOR BINDING  
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

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 85

1. PLACE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 12

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Globe NO. Gila County Hospital 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 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN STATE IF OF FOREIGN BIRTH 30 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME William John Perry HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

(A) RESIDENCE: NO. 207 South Fourth St. Globe WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1880

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY HRS. OR MIN.  
57 3 19

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

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) Devonshire (STATE OR COUNTY) England

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) \_\_\_\_\_

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) \_\_\_\_\_

17. INFORMANT Hugh Hocking (ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE Jan. 25, 1938

19. EMBALMER (LICENSE NO. V.A.) SIGNATURE [Signature] FUNERAL DIRECTOR (LICENSE NO. 10) SIGNATURE [Signature] ADDRESS Globe Arizona

20. FILED Jan. 25, 1938 REGISTRAR [Signature]

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1938

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 18, 1938 TO Jan 22, 1938

I LAST SAW HIM ALIVE ON Jan 22, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6-30 A M.

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

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? Worked for years as miner

IF SO, SPECIFY (SIGNED) [Signature] M. D. (ADDRESS) Globe Ariz