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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.

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

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. 159  
Township Globe Village \_\_\_\_\_ Registered No. 81  
City Globe No. Gila Co Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence 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 Infant Son of Mrs Ray Parker State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (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)			21. DATE OF DEATH (month, day, and year) <u>8-20, 1938</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. <u>8-20</u> , 19 <u>38</u> , to <u>8-20</u> , 19 <u>38</u> I HEREBY CERTIFY That I attended deceased from _____ I last saw him alive on <u>8-20</u> , 19 <u>38</u> ; death is said to have occurred on the date stated above, at <u>2:10 A.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Aug 19-38</u>					The principal cause of death and related causes of importance were as follows: <u>Premature child between 6 + 7 months</u>	
7. AGE		Years	Months	Days	Date of Onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
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) <u>Globe</u> (State or Country) <u>Arizona</u>					Other contributory causes of importance:	
13. NAME <u>Ray Parker</u>					Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) <u>Douglas</u> (State or Country) <u>Arizona</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Calith Gilbert</u>					23. If death was due to external causes (violence) fill in also the following Accident, suicide, or homicide? _____ Date of injury _____, 19____	
16. BIRTHPLACE (city or town) <u>Globe</u> (State or Country) <u>Arizona</u>					Where did injury occur? _____ (Specify city or town, county and State)	
17. INFORMANT <u>Mrs Ray Parker</u> (Address) _____					Specify whether injury occurred in industry, in home, or in public place	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Final Cem.</u> Date <u>8-24, 1938</u>					Manner of injury _____ Nature of injury _____	
19. EMBALMER License No. <u>200A</u> Signature <u>W. H. McEllan</u> FUNERAL DIRECTOR <u>Wiles Mortuary</u> Address <u>Globe, Arizona</u>					24. Was disease or injury in any way related to occupation of <u>no</u>	
20. Filed <u>Aug 24, 1938</u> Registrar <u>Jesse H. ...</u>					If so, specify <u>Cholera</u> (Signed) _____ M. I. (Address) <u>Globe</u>	