

2007

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

068

1. PLACE OF DEATH  
 County Gila State ARIZONA State File No. \_\_\_\_\_  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 93  
 City Globe No. Gila Co Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 6 yrs. 6 mos. 15 ds. How long in U. S. of age at birth? 10 yrs. 0 mos. 0 ds.  
 2. FULL NAME Jesus Perez How long in State when death occurred? 10 yrs. 0 mos. 0 ds.  
 (a) Residence: No. Lane St St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, & DIVORCED, (Write the words) Married  
 6a. If married, widowed, or divorced HUSBAND of Marcelina Perez (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) March 23, 1902  
 7. AGE Years 36 Months 6 Days 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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 Country) Hochstadt Mexico  
 13. NAME Manuel Perez  
 14. BIRTHPLACE (city or town) (State or Country) Mexico  
 15. MAIDEN NAME Magdalena Rabello  
 16. BIRTHPLACE (city or town) (State or Country) Mexico  
 17. INFORMANT (Address) Paul Perez  
 18. BURIAL, CREMATION, OR DISPOSAL Place Globe, Ariz. Date 10/13, 1938  
 19. EMBALMER License No. \_\_\_\_\_ Signature J. H. McCallan  
 FUNERAL DIRECTOR W. J. Martineau Address Globe, Ariz.  
 20. Filed Oct 13, 1938 Registrar Paul Baunle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1938, to Oct. 11, 1938  
 I last saw him alive on Oct. 10, 1938; death is said to have occurred on the date stated above, at 4:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of Skull - Ruptured thoracic duct. Date of Onset Oct. 2, 1938  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Examination of tissues Was there an autopsy? Yes  
 If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Accident Date of injury 10-2, 1938  
 Where did injury occur? Globe, Arizona  
 (Specify city or town, county and State)  
 Specify whether injury occurred in industry, in home, or in public place. public road  
 Manner of injury Auto wreck  
 Nature of injury Fracture skull  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) T. C. Harper M. D.  
 (Address) Globe, Ariz.