

2105

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 Graham State ARIZONA State File No. 086  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 83  
City Safford No. \_\_\_\_\_ or Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lillian Elizabeth Perry How long in U. S. if foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. Pima Ariz How long in State when death occurred? 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Perry

6. DATE OF BIRTH (month, day, and year) Aug 24-1915

7. AGE Years 25 Months 1 Days 8 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.

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) Pima Ariz

13. NAME Wm Kerby

14. BIRTHPLACE (city or town) (State or Country) Utah

15. MAIDEN NAME Magh. Farley

16. BIRTHPLACE (city or town) (State or Country) Ariz

17. INFORMANT Wm Kerby (Address) Pima

18. BURIAL, CREMATION, OR REMOVAL. Place Pima Ariz Date Oct. 3, 1938

19. EMBALMER License No. \_\_\_\_\_ Signature \_\_\_\_\_ FUNERAL DIRECTOR Address \_\_\_\_\_

20. Filed Nov 9 1938 Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct 2, 1938  
I last saw her alive on Oct 3, 1938; death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:  
Probably embolism Date of Onset \_\_\_\_\_

Other contributory causes of importance:  
Acute Rheumatism

Name of operation Autopsy Date of Oct 1  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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 \_\_\_\_\_  
(Signed) Wm Kerby M. D.  
(Address) Safford, Ariz