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MARGIN RESERVED FOR BINDING
EVERY PHYSICIAN SHOULD BE CAREFULLY CLASSIFIED.
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. CIANS 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

68

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registered No. 112

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ or Village _____
City Globe No. Gila County Hospital 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 _____ yrs. _____ mos. 7 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
How long in State when death occurred? 40 yrs. _____ mos. _____ ds.

2. FULL NAME Frank Picone
(a) Residence: No. Depot Hill, Miami Ariz. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1865
7. *AGE Years 73 Months 9 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner-retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pay Consolidated

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) New York

13. NAME Picone

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (Address) Mrs. Catherine Porter
Miami Arizona

18. BURIAL, ~~OR INTERMENT~~ Place Globe Cemetery Date Nov. 18, 1938

19. EMBALMER License No. 18-A Signature [Signature]
FUNERAL DIRECTOR License 10-A Signature [Signature]
Address Globe Arizona

20. Filed Nov. 18, 1938 Registrar [Signature]
(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1938 to Nov 13, 1938
I last saw him alive on Nov 13, 1938; death is said to have occurred on the date stated above, at 8-30 P.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthma with acute emphysema lungs.

Other contributory causes of importance:
Cardio-renal syndrome
Arterio sclerosis

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? _____
If so, specify _____

(Signed) [Signature] M. D.
(Address) Globe Ariz