

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every piece of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EX statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH					Arizona State Board of Health		BUREAU OF VITAL STATISTICS		
1. PLACE OF DEATH			County <u>Globe</u> State <u>ARIZONA</u>		State File No. <u>66</u>		Registered No. <u>23</u>		
Township _____ or Village _____			City <u>Globe</u>		No. <u>Globe Co. Hospital</u>		Ward _____		
Length of residence in city or town, where death occurred <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.					How long in U. S. or foreign birth? <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.				
2. FULL NAME <u>Louis Perda</u>			How long in State when death occurred <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.						
(a) Residence: No. <u>Orphan St.</u>			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) <u>Widowed</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Unknown</u>					21. DATE OF DEATH (month, day, and year) <u>Mar. 20. 1939</u>				
6. DATE OF BIRTH (month, day, and year) <u>Mar. 18 1863</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>March 1st 1939</u> to <u>Mar 20th 1939</u>				
7. AGE		Years <u>76</u>		Months _____		Days _____		I last saw him alive on <u>Mar 19th 1939</u> ; death is said to have occurred on the date stated above, at <u>1:30AM</u>	
		If LESS than 1 day, _____ hrs. or _____ min.		The principal cause of death and related causes of importance were as follows:					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>					Date of Onset <u>June 1938</u>				
					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 _____				
					Other contributory causes of importance:				
12. BIRTHPLACE (city or town) (State or Country) <u>Unknown Austria</u>					<u>Multipleptic Arthritis</u>				
13. NAME <u>Unknown</u>					<u>Feb'y 1939</u>				
14. BIRTHPLACE (city or town) (State or Country) <u>Halmatia Austria</u>					Name of operation <u>None</u> Date of _____				
15. MAIDEN NAME <u>Unknown</u>					What test confirmed diagnosis? <u>Symptoms</u> Was there an autopsy? _____				
16. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>					23. If death was due to external causes (violence) fill in also the following:				
17. INFORMANT <u>Mat. Desnoovich</u> (Address) <u>Miami Ariz.</u>					Accident, suicide, or homicide? _____ Date of injury _____, 19____				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orphan St.</u> Date <u>3/26 1939</u>					Where did injury occur? _____ (Specify city or town, county and State)				
19. EMBALMER License No. _____ Signature <u>W. J. Sullivan</u>					Specify whether injury occurred in industry, in home, or in public place.				
FUNERAL DIRECTOR <u>W. J. Sullivan</u> Address <u>Miami Ariz.</u>					Manner of injury _____				
20. Filed <u>March 27, 1939</u> Registrar <u>W. J. Sullivan</u>					Nature of injury _____				
					24. Was disease or injury in any way related to occupation of deceased? <u>NO</u>				
					If so, specify _____ (Signed) <u>W. J. Sullivan</u> M. D.				
					(Address) <u>Globe, Ariz.</u>				