

2043

8455

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

State File No. 8455

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township _____ or Village _____
 City Globe No. Gila County Hospital 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. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.
 2. FULL NAME Jesus Perez How long in State when death occurred? ... yrs. ... mos. ... da.
 (a) Residence: _____ (Usual place of abode) _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Oct. II, 1939

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, ... hrs. or 10 min. _____

OCCUPATION

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) Globe (State or Country) Arizona

FATHER

13. NAME Sipriano Perez

14. BIRTHPLACE (city or town) Alamogordo (State or Country) New Mexico

MOTHER

15. MAIDEN NAME Aurora Villegas

16. BIRTHPLACE (city or town) Globe (State or Country) Arizona

17. INFORMANT (Address) Sipriano Perez
Globe Arizona

18. BURIAL CREATION OF INTERMENT
 Place Globe Cemetery Date Oct. 12, 1939

19. EMBALMER { License No. None
 Signature [Signature]
 FUNERAL DIRECTOR License IO-A
 Address Globe Arizona

20. Filed Oct. 12, 1939 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. II, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 6-35 PM.

The principal cause of death and related causes of importance were as follows: Immature birth Date of Onset _____

Other contributory causes of importance: _____

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.