

2045

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. **57**  
Registered No. **85**

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. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME **Jesusita Perez** How long in State when death occurred? ... yrs. ... mos. ... ds.

(a) Residence: \_\_\_\_\_ (Usual place of abode) (If not resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Female</b>	4. COLOR OR RACE <b>Mexican</b>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <b>Single</b>		21. DATE OF DEATH (month, day, and year) <b>Oct. 13, 1939</b>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				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 <b>5 A.</b> m. The principal cause of death and related causes of importance were as follows: _____ <i>Je mature Bull</i> Date of Onset _____	
6. DATE OF BIRTH (month, day, and year) <b>Oct. II, 1939</b>				7. AGE Years _____ Months _____ Days <b>2</b> If LESS than 1 day, ... hrs. or ... min.	
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 _____				Other contributory causes of importance: _____	
12. BIRTHPLACE (city or town) <b>Globe</b> (State or Country) <b>Arizona</b>				Name of operation _____ Date of _____	
13. NAME <b>Sipriano Perez</b>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) <b>Alamogordo</b> (State or Country) <b>New Mexico</b>				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)	
15. MAIDEN NAME <b>Aurora Villegas</b>				Specify whether injury occurred in industry, in home, or in public place _____	
16. BIRTHPLACE (city or town) <b>Globe</b> (State or Country) <b>Arizona</b>				Manner of injury _____ Nature of injury _____	
17. INFORMANT <b>Sipriano Perez</b> (Address) <b>Globe Arizona</b>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
18. BURIAL <del>OPERATION</del> Place <b>Globe Cemetery</b> Date <b>Oct. 13, 1939</b>				(Signed) <i>no doctor</i> M. D. (Address) <i>Globe Ariz.</i>	
19. EMBALMER { License No. _____ Signature <i>Nope</i> FUNERAL DIRECTOR License <b>10-1</b> <i>Sud Lopez</i> Address <b>Globe Arizona</b>					
20. Filed <b>Oct. 13, 1939</b> <i>Jane Warner</i> Registrar					