

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. 59  
Registered No. 3

1. PLACE OF DEATH  
County: Gila State: ARIZONA  
Township: \_\_\_\_\_ or Village: \_\_\_\_\_  
City: Globe No. South Globe 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 Antonio Adelaide Perez How long in State when death occurred: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: South Globe (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX \_\_\_\_\_ 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Single  
6a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day, and year) Nov. 30, 1939  
7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days 3 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 \_\_\_\_\_  
12. BIRTHPLACE (city or town) Globe (State or Country) Arizona  
13. NAME Antonio Perez  
14. BIRTHPLACE (city or town) Globe (State or Country) Arizona  
15. MAIDEN NAME Adelaida Garcia  
16. BIRTHPLACE (city or town) Clifton (State or Country) Arizona  
17. INFORMANT Antonio Perez (Address) Globe Arizona  
18. BURIAL ~~Cemetery~~ Globe Semetary Date Dec. 4, 1939  
19. EMBALMER { License No. 18-A Signature [Signature] FUNERAL DIRECTOR License 10-A Signature [Signature] Address Globe Arizona  
20. Filed Jan 8, 1940 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (month, day, and year) Dec. 3, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1939, to Dec. 3, 1939  
I last saw him alive on Dec. 3, 1939; death is said to have occurred on the date stated above, at 8:10 AM  
The principal cause of death and related causes of importance were as follows:  
Primary Broncho pneumonia Date of Onset Dec. 2, 1939  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Examination Was there an autopsy? no  
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? no  
If so, specify \_\_\_\_\_  
(Signed) T. S. Harper M. D.  
(Address) Globe, Ariz.