

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. 83

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. 48  
 Township Globe or Village \_\_\_\_\_ or \_\_\_\_\_  
 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 29 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Porfiria Palmer How long in State when death occurred? 75 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. Garden Rooms, Miami, Ari. St. Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mex.</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>5-4</u> , 19 <u>40</u>	22. I HEREBY CERTIFY, that I attended deceased from <u>May 3</u> , 19 <u>40</u> to <u>May 4</u> , 19 <u>40</u> I last saw her alive on <u>May 4</u> , 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>8:30 A</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Unknown</u>			6. DATE OF BIRTH (month, day, and year) <u>1838</u>	The principal cause of death and related causes of importance were as follows: <u>Chronic Myocardial Degeneration</u>	
7. AGE Years <u>102</u> Months _____ Days _____		If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance: <u>old age</u>	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) <u>Las Cruces</u> (State or Country) <u>New Mexico</u>		13. NAME <u>Unknown</u>		What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
14. BIRTHPLACE (city or town) _____ (State or Country) _____		15. MAIDEN NAME _____		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.	
16. BIRTHPLACE (city or town) _____ (State or Country) _____		17. INFORMANT <u>Hospital Records</u> (Address) <u>Gila County Hospital</u>		Manner of injury _____ Nature of injury _____	
18. BURIAL PLACE <u>Pinal Cem.</u> Date <u>5-7</u> , 19 <u>40</u>		19. EMBALMER License No. <u>1244-A</u> Signature <u>[Signature]</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
20. Filed <u>May 7</u> , 19 <u>40</u> <u>Jane W. Walle</u> Registrar		FUNERAL DIRECTOR <u>Rita G. Miles</u> Address <u>Miami, Arizona</u>		If so, specify _____ (Signed) <u>N. O. Wheeler</u> M. D. (Address) <u>Globe Arizona</u>	