

130

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. 123

1. PLACE OF DEATH
 County Greenlee State ARIZONA Registered No. _____
 Township Franklin or Village _____ or
 City _____ No. _____ 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 0 yrs. 0 mos. 1 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Edith ANN Perry. How long in State when death occurred? 0 yrs. 0 mos. 1 ds.
 (a) Residence: Franklin, Arizona. (Usual place of abode) (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>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>May 21, 1940</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>May 20</u> , 19 <u>40</u> , to <u>May 21</u> , 19 <u>40</u> . I last saw her alive on <u>May 21</u> , 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>2.00P</u> m.	
6. DATE OF BIRTH (month, day, and year) <u>May 20 1940</u>				The principal cause of death and related causes of importance were as follows: <u>Premature Infant. 6 Months Gestation.</u> Date of Onset <u>5/16/40</u>	
7. AGE Years _____ Months _____ Days _____			If LESS than 1 day, _____ hrs. or _____ min.	Other contributory causes of importance:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</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 _____	
12. BIRTHPLACE (city or town) <u>Franklin, Arizona.</u> (State or Country)				Name of operation <u>None.</u> Date of _____	
FATHER	13. NAME <u>John E. Perry.</u>			What test confirmed diagnosis? _____ Was there an autopsy? <u>No.</u>	
	14. BIRTHPLACE (city or town) <u>San Antonio, Texas.</u> (State or Country)			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 _____	
MOTHER	15. MAIDEN NAME <u>Margie T. Quinn.</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No.</u>	
	16. BIRTHPLACE (city or town) <u>Safford, Arizona,</u> (State or Country)			If so, specify _____ (Signed) <u>Ross W. Johnson</u> M. D. (Address) <u>Duncan, Arizona, Route # 1.</u>	
17. INFORMANT _____ (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____					
19. EMBALMER { License No. _____ FUNERAL DIRECTOR { Signature _____ Address _____					
20. Filed <u>6-18</u> , 19 <u>40</u> <u>Eugene Romney</u> Registrar					