

2317

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. **80**  
Registrar's No. **24**

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Buena Vista  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community Life 1 mo.; In Arizona 1 mo.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe  
(If outside city limits write RURAL)  
(d) Street No. Buena Vista (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Ricardo Perez (b) If veteran 330 (c) Social Security No. None  
(If NONE write the word)

4. Sex Male 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Feb. 7, 1941  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months I Days 4 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Globe Arizona  
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business \_\_\_\_\_

Father { 12. Name Sipriano Perez  
13. Birthplace Almagordo N.M.  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Aurora Villegas  
15. Birthplace Globe Ariz.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Sipriano Perez  
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cem. (c) Date March 13, 1941

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona

19. (a) March 13, 1941  
(Date received local Registrar)  
(b) Jene H. Havelle  
(Registrar's Signature)

5M 100% Reg 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 11, 1941  
TIME (Hour and minute) I:30 P M.

21. I hereby certify that I attended the deceased from Feb. 7, 1941 to March 11, 1941  
that I last saw him alive on March 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Influenza with Complicating  
Due to Broncho-pneumonia  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no

DURATION  
3 days.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J.C. Harper M.D.  
Address Globe, Ariz. Date signed 3-25-41