

7269

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

101

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 48

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 76 Hill St  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 33 yrs; In Arizona 33 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 76 Hill St; (e) If foreign born, in U. S. A. 1895 yrs.  
3. (a) FULL NAME Robert Alexander Perino (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Grace Perino 6. (c) Age of husband or wife, if alive 60 yrs.  
7. Birthdate of deceased Feb. 10 1862  
(Month) (Day) (Year)  
8. AGE: Years 36 Months 4 Days 6 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Lyon France  
(City, town or county) (State or Country)  
10. Usual Occupation Osteopathic Physician  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Unknown  
13. Birthplace France  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Unknown  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature Grace Perino  
(b) Address Miami Ariz  
17. (a) Burial, Cremation or Removal Cremation  
(b) Place Shelby (c) Date 6/24 1942  
18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director \_\_\_\_\_  
(c) Address \_\_\_\_\_  
19. (a) 6-33-28  
(Date received local Registrar)  
(b) Nelson D. Grayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 21 1942  
TIME (Hour and minute) 1:25 A.M.  
21. I hereby certify that I attended the deceased from March 1 1942 to June 21 1942  
that I last saw h. i. w. alive on June 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cardiac decompensation  
Due to \_\_\_\_\_  
Arterio Sclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

3 day  
5 year

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 \_\_\_\_\_  
Signature Nelson D. Grayton M. D.  
Address Miami Date signed June 24 1942