

2300

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. _____
Registrar's No. 83

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location South Globe
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community Life 8 mos.; In Arizona 8 mos.
(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 also write RURAL)
(d) Street No. South Globe (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Josefina Juana Perez (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 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 Nov. 21, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 II hrs. min.

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

10. Usual Occupation _____

11. Industry or Business _____

12. Name Antonio Perez
13. Birthplace Globe Ariz.
(City, town or county) (State or Country)

14. Maiden Name Adelida Garcia
15. Birthplace Clifton Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Antonio Perez
(b) Address Globe Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cem. (c) Date Aug. 8, 1942

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

19. (a) Aug. 12-42.
(Date received local Registrar)

(b) Gene Traneler
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 2, 1942
TIME (Hour and minute) 9:45 A.M.

21. I hereby certify that I attended the deceased from July 28, 1942 to Aug 2, 1942
that I last saw her alive on Aug 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute enterocolitis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION
5 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 8-8-42