

2266

*Quinter*

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

76

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 694 E. Mesquite St.  
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
 (d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 35 years  
 (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. 694 E. Mesquite St. (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
 If Yes, which country \_\_\_\_\_ (If NONE write the word)

3. (a) FULL NAME William Albert Parkin (b) If Veteran name war No  
 4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Emma Parkin 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased May 22 1872  
 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 14 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation Blacksmith

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

12. Name Wm. Albert Parkin

13. Birthplace England  
 (City, town or county) (State or Country)

14. Maiden Name Alice -----?

15. Birthplace England  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Harold Parkin

(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Ariz. (c) Date 1/12/43

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Jan. 11-43.  
 (Date received local Registrar)

(b) Inez Wampler  
 (Registrar's Signature)

26M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 6th 1943  
 TIME (Hour and minute) 11:40 AM

21. I hereby certify that I attended the deceased from Jan 4 1943 to Jan 6 1943  
 that I last saw h. in alive on Jan 5 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to Chronic Bright's Disease

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Inez Wampler M. D.  
 Address Globe, Ariz. Date signed 1/10/43

DURATION

1 1/2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically