

820

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 83

Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location At home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community life; in Arizona life
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos
(If outside city limits also write RURAL)

(d) Street No. _____

3. (a) FULL NAME Jim Perry (b) If Veteran name war 100% (c) Social Security No. _____

4. Sex Male 5. Color or Race Apache 4/4 6. (a) ~~Single~~ married, ~~widowed~~ divorced

6. (b) Name of ~~husband~~ or wife Emma B. Perry 6. (c) Age ~~38~~ or wife, if alive 39 yrs.

7. Birthdate of deceased September 17 1903
(Month) (Day) (Year)

9. AGE: Years 40 Months _____ Days _____ If less than one day
hrs. _____ min. _____

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

10. Usual Occupation Miner

11. Industry or Business Superior Magna Mines

Father { 12. Name Harrison Perry

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

Mother { 14. Maiden Name Unknown - Deceased

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

16. (a) Informant's own signature Emma Perry

(b) Address San Carlos, Arizona

17. (a) Burial, ~~Interment~~

(b) Place San Carlos (c) Date 8-26 19 43

18. (a) Embalmer's Signature None

(b) Funeral Director None

(c) Address None

19. (a) 8-31-43
(Date received local Registrar)

(b) Joseph L. Sackler MD
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 25, 1943;
TIME (Hour and minute) 4:00 a.m. M.

21. I hereby certify that I attended the deceased from July 29, 1943 to August 23, 1943;
that I last saw him alive on August 23, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Phlebitis of rt. great Sphenous Vein.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION

4 days

2 weeks

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 Joseph L. Sackler M. D.
Address San Carlos, Arizona Date signed 8-31-43

SAN CARLOS RESERVATION, SAN CARLOS AGENCY, SAN CARLOS, ARIZONA