

1405

In Harper

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 106
Registrar's No. 163

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 52 Gleason St.
(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 Globe
(If outside city limits also write RURAL)
(d) Street No. 52 Gleason St.; (e) Citizen of foreign country (yes or No) _____
3. (a) FULL NAME Juan Perez (b) If Veteran name war No (c) Social Security No. No
If yes, which country _____

4. Sex Male 5. Color or Race White 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 June 23rd, 1943
(Month) (Day) (Year)
9. AGE: Years Months Days If less than one day
3 5 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 Alamagordo, New Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Aurora Villegas
15. Birthplace Globe, Arizona
(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, Ariz. (c) Date 9/30/43

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

19. (a) Oct. 11-43
(Date received local Registrar)
(b) Jane Wampler
(Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 28th 1943
TIME (Hour and minute) 1:30 PM M.

21. I hereby certify that I attended the deceased from Sept. 28, 1943 to Sept. 28, 1943;
that I last saw him alive on Sept. 28, 1943;
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 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 T. S. Harper M. D.
Address Globe, Ariz. Date signed 10-8-43