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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 172
Registrar's No. 179

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community 1 yr., 4 mo.; In Arizona 1 yr., 4 mo.
(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. Tonto Hotel; (e) If foreign born in U. S. A. _____ yrs.
(c) Social Security No. None
3. (a) FULL NAME Perry Parker (b) If veteran name war No (c) Social Security No. None
(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 Ida M. Parker 6. (c) Age of husband 1887
7. Birthdate of deceased July 5 1887
(Month) (Day) (Year)
8. AGE: Years 57 Months 4 Days 5 If less than one day hrs. _____ min. _____
9. Birthplace Wadena County, Minnesota
(City, town or county) (State or Country)
10. Usual Occupation Meteorologist
11. Industry or Business U. S. Weather Bureau
Father { 12. Name John W. Parker
13. Birthplace Vermont
(City, town or county) (State or Country)
Mother { 14. Maiden Name Elmira Ann Flora
15. Birthplace Unknown
(City, town or county) (State or Country)
16. (a) Informant's own signature Ida M. Parker
(b) Address Globe Ariz
17. (a) Burial, Cremation or Removal Removal
(b) Place Kent-Washington (c) Date _____ 19____
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) Dec. 16 - 44 (Date received local Registrar)
(b) J. M. [Signature] (Registrar's Sig)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 11, 1944
TIME (Hour and minute) 6:25 a.m.
21. I hereby certify that I attended the deceased from Nov 7, 1944
to Nov. 11, 1944
that I last saw him alive on Nov 10, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Asauma Primary
Due to _____
Due to _____
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 Adrian E. Clark M. D.
Address Globe, Arizona Date signed 11-12-44

DURATION 2 yrs.
PHYSICIAN Underline the cause to which death should be charged statistically.