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Dr. Neff

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 382
Registrar's No. 37

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location Dana Maternity Home (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 7 hrs.; In Community 7 hrs. (Specify whether years, months or days); In Arizona 7 hrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa (If outside city limits also write RURAL)
(d) Street No. Rt. 5, Box 111; (e) Citizen of foreign country (Yes or No) No If Yes, which country
3. (a) FULL NAME Danny Lee Perkins (b) If Veteran name war No (c) Social Security No. None
4. Sex: Male
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased Jan. 29, 1947 (Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. 7 min.
9. Birthplace Mesa, Arizona (City, town or county) (State or Country)
10. Usual Occupation None
11. Industry or Business Infant
Father 12. Name Chester Martin Perkins
Father 13. Birthplace Chandler, Arizona (City, town or county) (State or Country)
Mother 14. Maiden Name LaVerta Brewer
Mother 15. Birthplace Thatcher, Arizona (City, town or county) (State or Country)
16. (a) Informant's own signature Chester M. Perkins
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 1-30- 1947
18. (a) Embalmer's Signature R M Daybell - 228A
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) 2-5-47 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 29, 1947
TIME (Hour and minute) 11:30 P. M.
21. I hereby certify that I attended the deceased from 5 Jan 29 Jan, 1947 to 11 30 pm 29 Jan 47, 19__ that I last saw him alive on 29 Jan 47 5 30 pm, 1947, and that death occurred on the date and hour stated above.
Immediate cause of death Asphyxia
Due to Placenta previa
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION

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 Bayard P. Neff M. D.
Address Date signed 12 Febr. '47

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