

727

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 86  
Registrar's No. \_\_\_\_\_

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

(d) Length of Stay: In Hospital or Institution 3 weeks; In Community 18 yrs; In Arizona 18 yrs  
(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. Roy's Barbecue, Highway 60-70 junction; (e) Citizen of foreign country (Yes, or No) no

3. (a) FULL NAME Roy W. Parks (b) If Veteran name war no (c) Social Security No. (unknown)

4. Sex male 5. Race White 6. (a) Single, married, widowed or divorced divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife, if alive \*\*\* yrs.

7. Birthdate of deceased April 6, 1887  
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 21 If less than one day hrs. \* min. \*

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

10. Usual Occupation carpenter

11. Industry or Business restaurant business

Father { 12. Name unknown  
13. Birthplace unknown  
(City, town or county) (State or Country)

Mother { 14. Maiden Name unknown  
15. Birthplace unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Philip Sauter  
(b) Address Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe (c) Date July 1, 1947

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director [Signature]  
(c) Address 723 N. 11th St. Globe, Ariz.

19. (a) July 3, 1947  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) June 27, 1947  
TIME (Hour and minute) 5:30 P.M.

21. I hereby certify that I attended the deceased from June 6 - 47  
to June 27, 47, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction - Gangrenous Intestine

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

Due to ventral hernia

Other conditions (Include pregnancy within three 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 [Signature] M. D.  
Address Miami Date signed 6-30-47

DURATION  
3 days

1 yr

PHYSICIAN  
Underline the cause to which death should be charged statistically