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Dr. W. P. Tucker

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 1367

Registrar's No. 19

1. Place of Death: (a) County Pinal (b) City or Town Florence (c) Location Pinal General Hospt.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 DAY; In Community _____; In Arizona _____
(Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Charles Persinger (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 Single

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

7. Birthdate of deceased Septe. 2 1930
(Month) (Day) (Year)

8. AGE: Years 18 Months _____ Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Kaw City Oklahoma
(City, town or county) (State or Country)

10. Usual Occupation Student

11. Industry or Business _____

12. Name Chas. Persinger Sr.

13. Birthplace Cedar Creek Missouri
(City, town or county) (State or Country)

14. Maiden Name Sylvia Carter

15. Birthplace Newton Co. Arkansas
(City, town or county) (State or Country)

16. (a) Informant's name Mrs. Persinger
(b) Address Coolidge, Arizona.

17. (a) Burial, Cremation or Removal Burial

(b) Place Valley Memorial Park Coolidge (c) Date Feb. 29, 1948

18. (a) Embalmer's Signature [Signature]

(b) Funeral Director Cole & Haud Mortuary

(c) Address Coolidge, Arizona.

19. (a) March 5 1948
(Date received Local Registrar)

(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 27, 48
TIME (Hour and minute) 2:25 A.M. 1948 M.

21. I hereby certify that I attended the deceased from 27 Feb 48 to 27 Feb 48, 1948
that I last saw him alive on 27 Feb 48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Haemoria

Due to Septicemia
Acute Pyelonephritis.

Due to _____

Other conditions (include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy [Signature]

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 [Signature] M. D. Address [Address] Date signed March 48