1880

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 4278
Registrar's No. 153

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location Douglas, Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 days; In Community 40 yrs. (Specify whether years, months or days); In Arizona 40 yrs.

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)
(d) Street No. 1206 11th; (e) Citizen of foreign country (Yes or No) ____ If Yes, which country ____

3. (a) FULL NAME Lyman Sales Perrin (b) If Veteran name war ____ (c) Social Security No. ____

4. Sex: Male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Helen Jeanette B. Perrin
6. (c) Age of husband or wife, if alive 62 yrs.
7. Birthdate of deceased August 15, 1875 (Month) (Day) (Year)
8. AGE: Years 73 | Months | Days 8 | If less than one day hrs. ____ min. ____
9. Birthplace Weimer, Colorado, Texas (City, town or county) (State or Country)
10. Usual Occupation Cleaner & Tailor
11. Industry or Business For Self

Father
12. Name Robert Parsons Perrin
13. Birthplace Logan County, Kentucky (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Ada Alexander
15. Birthplace Colorado County Texas (City, town or county) (State or Country)

16. (a) Informant's own signature L. A. Perrin
(b) Address Santa Monica, California

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date Aug. 26, 1948

18. (a) Embalmer's Signature Gordon Brown
(b) Funeral Director Brown-Page
(c) Address Douglas, Arizona

19. (a) Sept. 1 - 1948 (Date received Local Registrar)
(b) E. W. Adamson (Registrar's Signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 23, 1948
TIME (Hour and minute) 2:40 P. M. M.

21. I hereby certify that I attended the deceased from 8/18/48, 19__ to 8/23/48, 19__; that I last saw him alive on 8-23-48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
Pulmonary edema
Due to: Ruptured gangrenous appendix
Due to: ____
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations: Ruptured gangrenous appendicitis
Of autopsy: ____

DURATION: 12 hrs / 12 hrs / ?

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 Guy B. Clouse M. D.
Address ____ Date signed Aug 23 - 48

40M—100% Rag—6-10-44