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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. _____ REGISTRAR'S NO. 1

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Greenlee</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Greenlee</u>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Clifton</u>	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>48 yrs 48 yrs</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Clifton, Arizona</u>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>South Clifton</u>			
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Perry</u> B. (MIDDLE) <u>Shades</u> C. (LAST) <u>Jones</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>5</u> DAY <u>18</u> YEAR <u>1886</u>		8. AGE YEARS <u>63</u> MONTHS _____ DAYS _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Cattleman, Raliced</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Cattle Raising, Okla.</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Okla.</u>	11. CITIZEN OF WHAT COUNTRY? <u>US</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>	13. SOCIAL SECURITY NO.	
	14. FATHER'S NAME <u>Don't know Jones</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Don't know</u>	15A. MOTHER'S MAIDEN NAME <u>Don't know Sanders</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	
	16. INFORMANT'S SIGNATURE <u>Marilyn Weherson</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Jan 18</u> <u>1949</u>		
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>progressive bulbar paralysis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. ING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>the alcoholic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> <u>many years</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO (ETERNAL SENCE)	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec 1948</u> TO <u>Jan 18, 1949</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan 12, 1949</u> AND THAT DEATH OCCURRED AT <u>2:49</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL CORONER'S CERTIFICATION	23A. SIGNATURE (DEGREE OR TITLE) <u>C. H. Langhorn M.D.</u>		23B. ADDRESS <u>Clifton Ariz</u>		23C. DATE SIGNED <u>1/19/49</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Jan 22, 49</u>	24C. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Clifton Ariz</u>		
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>1-24-49</u>	25B. REGISTRAR'S SIGNATURE <u>M. Danenberg</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>J. McMillan</u>		ADDRESS