

2223

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

STATE FILE NO. 5500

BIRTH NO.

REGISTRAR'S NO. 90

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>43 yrs</u> <u>43 yrs</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>380 West Bailey St.</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>				
PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <u>Henry "Heinie" Perryman</u> B. (MIDDLE) C. (LAST)			4. SEX <u>male</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>Nov</u> DAY <u>28</u> YEAR <u>1881</u>		8. AGE YEARS <u>68</u> MONTHS <u>0</u> DAYS <u>1</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Copper-mining</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>England</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</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. <u>526-07-0679</u>		
	14A. FATHER'S NAME <u>Henry Perryman</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>		15A. MOTHER'S MAIDEN NAME <u>Johanna Perryman Johns</u>
16. INFORMANT'S SIGNATURE <u>Gila County Welfare Bd. Globe, Ariz.</u>		17. DATE OF DEATH MONTH <u>November</u> DAY <u>29</u> YEAR <u>1949</u>		18. TIME OF DEATH <u>2:00 a.m.</u>	
CAUSE OF DEATH (EM 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.				
	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. <u>atherosclerosis</u> DUE TO (c) <u>hypertension</u> 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 years</u> <u>10 years?</u> <u>20 years?</u>	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				
DEATH DUE TO FATAL INJURY	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) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
MEDICAL ATTENDING PHYSICIAN'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Nov. 12, 1949</u> TO <u>Nov 29, 1949</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Nov. 29, 1949</u> AND THAT DEATH OCCURRED AT <u>2A</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <u>Robert B. Leonard, M.D.</u>		23B. ADDRESS <u>Globe, Ariz.</u>		
	23C. DATE SIGNED <u>11-29-49</u>				
GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Dec. 1, 1949</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona.</u>		25A. DATE REC'D BY LOCAL REG. <u>11-30-49</u>		
25B. REGISTRAR'S SIGNATURE <u>Irene Wauslee</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank D. Gray</u> ADDRESS <u>Globe, Ariz.</u>			
		27. EMBALMER'S SIGNATURE <u>Frank D. Gray</u> CERT. NO. <u>248-A.</u>			