

CERTIFICATE OF DEATH

REGISTRAR'S NO.

15

BIRTH NO.

PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH			2. USUAL RESIDENCE		
	A. COUNTY <i>Pima</i>			A. STATE <i>Arizona</i> B. COUNTY		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>1 week</i>			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe</i>
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION) <i>1 mile West Highway 70 - Globe</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>sand - west Globes 1 mile</i>		
IDENTIFICATION	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE	
	A. (FIRST) <i>Infant</i> B. (MIDDLE) <i>Julia B.</i> C. (LAST) <i>Perez</i>			<i>fe</i>	<i>Mex.</i>	
	6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH		8. AGE
	9B. KIND OF BUSINESS OR INDUSTRY <i>infant</i>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mesa Arizona</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
CAUSE OF DEATH	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>			13. SOCIAL SECURITY NO. <i>none</i>		
	14. FATHER'S NAME <i>Sipriano Perez</i>			15. MOTHER'S MAIDEN NAME <i>Aurora Vilges</i>		
	16. INFORMANT'S SIGNATURE <i>Sipriano Perez</i>			17. DATE OF DEATH		
	18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
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 CONTRACTIONS.			I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Malnutrition</i>			
			DUE TO (c) <i>Dysentery non specific</i>			
			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
OPERATIONS	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON <i>Feb 17</i> 19 <i>51</i> AND THAT DEATH OCCURRED AT <i>4:20</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
REGISTRATION	23A. SIGNATURE <i>William E. Bishop MD</i>			23B. ADDRESS <i>Globe, Arizona</i>		23C. DATE SIGNED <i>Feb 17 1951</i>
	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			24B. DATE <i>Feb. 18, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Globe Cemetery</i>
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Globe Arizona</i>			24E. FUNERAL DIRECTOR'S SIGNATURE <i>Jesse James Wacker</i>		
	25A. DATE REC'D BY LOCAL REG. <i>2-18-51</i>			25B. REGISTRAR'S SIGNATURE <i>Doene Waualee</i>		25C. EMBALMER'S SIGNATURE <i>Jesse James Wacker # 323</i>