

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **3309**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **46**

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BIRTH NO.		1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL), <i>Maricopa</i>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>6 yr. 6 mo.</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Claypool</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Gila General Hosp.</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>No. 9 Oak St.</i>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Lee</i> B. (MIDDLE) <i>Ray</i> C. (LAST) <i>Perrod</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>	
6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) <input checked="" type="checkbox"/> MARRIED	7. DATE OF BIRTH MONTH <i>Dec</i> DAY <i>24</i> YEAR <i>1908</i>		B. AGE YEARS <i>42</i> MONTHS <i>5</i> DAYS <i>26</i>	IF UNDER 24 HOURS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Mill operator</i>
9B. KIND OF BUSINESS OR INDUSTRY <i>Copper Mine</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Okla.</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	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>448-14-5703</i>	
14A. FATHER'S NAME <i>John Lee Perrod</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ariz.</i>	15A. MOTHER'S MAIDEN NAME <i>Martha Bullock</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Ariz.</i>
16. INFORMANT'S SIGNATURE <i>Mrs. F. A. Cunningham</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>June 20 1951</i>		
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.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Anemia & Bronchopneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Myeloid Leukemia</i>				<i>1 month</i>
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
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 checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>June 7</i> , 19 <i>51</i> , TO <i>June 21</i> , 19 <i>51</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>June 21</i> , 19 <i>51</i> , AND THAT DEATH OCCURRED AT <i>10:39 A.M.</i> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE (DEGREE OR TITLE) <i>L. G. Bullock M.D.</i>		23B. ADDRESS <i>Box 623 Miami Ariz.</i>		23C. DATE SIGNED <i>6/3/51</i>	
24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL	24B. DATE <i>unknown</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Henrietta Cem.</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Henrietta Okla.</i>	
25A. DATE REC'D BY LOCAL REG. <i>7-2-51</i>	25B. REGISTRAR'S SIGNATURE <i>Drew Waule</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>J. J. Miller</i>	27. SMALLER'S SIGNATURE <i>J. J. Miller</i>	
			ADDRESS <i>Mo...</i>	CERT. NO. <i>244</i>	