

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **654**

Registrar's No. **1019**

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 870 E 3rd St  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 27 yrs; In Community 27 yrs  
(Specify whether years, months or days) ; in Arizona 27 yrs  
2. Usual Residence of Deceased: (a) State Ariz (b) County Pima (c) City or Town Tucson  
(d) Street No. 870 E 3rd St ; (e) Citizen of foreign country (yes or No) No  
(If Yes, which country) ; (f) Social Security No. none  
3. (a) FULL NAME Charles Browett Perkins (b) If Veteran name war no (c) Social Security No. none

4. Sex Male 5. Color or Race white 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or wife Sola H. Perkins 6. (c) Age of husband or wife, if alive 67 yrs.  
7. Birthdate of deceased Oct 12 1877  
(Month) (Day) (Year)  
8. AGE: Years 55 Months 2 Days 10 If less than one day hrs. min.

9. Birthplace Canada  
(City, town or county) (State or Country)  
10. Usual Occupation Real Estate  
11. Industry or Business Broker  
Father { 12. Name unknown  
13. Birthplace Canada  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name unknown  
15. Birthplace Canada  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mildred D. Brazil  
(b) Address 870 E 3rd St. Tucson Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Holy Hope (c) Date Dec 24 1942  
18. (a) Embalmer's Signature John G. Reilly Jr.  
(b) Funeral Director Reilly Undertaking Co  
(c) Address Tucson Ariz

19. (a) 12-23-1942  
(Date received local Registrar)  
(b) L. C. Howard, M.D.  
(Registrar's Signature) amb.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 22nd 1942  
TIME (Hour and minute) 8:07 A.M.  
21. I hereby certify that I attended the deceased from January 15 1935 to December 22 1942  
that I last saw him alive on December 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to V  
Other conditions (Include pregnancy within 3 months of death) V  
Major findings: Of operations V  
Of autopsy no

DURATION  
10 years?  
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) V  
(b) Date of occurrence V  
(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 John G. Reilly Jr. M. D.  
Address Tucson Arizona Date signed 12/23/42