

CERTIFICATE OF DEATH

REGISTRAR'S NO. 285

BIRTH NO.

4 04  
PLACE OF DEATH  
AND  
USUAL RESIDENCE  
0701

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>life</u> IN ARIZONA <u>life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF IN INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>654 Ash st.</u>	

DECEDENT  
PERSONAL  
DATA  
401  
555

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Inf.</u> B. (MIDDLE) <u>Connie Sue</u> C. (LAST) <u>Markham</u>			4. SEX <u>female</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>never married</u>
6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>May</u> DAY <u>5</u> YEAR <u>1955</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	IF UNDER 1 YEAR MONTHS <u>0</u> DAYS <u>0</u>	IF UNDER 24 HRS. HOURS <u>0</u> MIN. <u>50</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe, Arizona</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>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>infant</u>	
14A. FATHER'S NAME <u>William Markham</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Akron, Ohio</u>	15A. MOTHER'S MAIDEN NAME <u>Patricia Ann Burns</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Virginia</u>
16. INFORMANT'S SIGNATURE <u>William Markham</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>May 5, 1955 at 3 a.m.</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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH † (A) <u>Permaternity</u> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
PLACE DISEASE CONTRACTED.	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
PERFORMED OPERATIONS, AUTOPSY	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>On May 5 1955</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>May 5</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>3:00 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE <u>W. Shop</u>		22B. ADDRESS <u>Box 68 Globe Ariz</u>	
22C. DATE SIGNED <u>5-5-55</u>			

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>May 6, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Central Heights Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights, Arizona.</u>
26A. DATE REC. BY LOCAL REG. <u>5-5-55</u>	26B. REGISTRAR'S SIGNATURE <u>Drue Wauless</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gene James Walker</u>	27B. ADDRESS <u>Globe Arizona</u>

Gene James Walker  
Central Heights Cemetery