ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5711

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1080

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: Since; IN ARIZONA: 1936
C. CITY OR TOWN: Tucson ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Mary's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 843 East Limberlost

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) SETH B. (MIDDLE) C. (LAST) MARKLE

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Maude M.
7. DATE OF BIRTH: MONTH 7 DAY 6 YEAR 82
8. AGE (IN YEARS LAST BIRTHDAY): 73 IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: Carpentry
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): -- (IF YES, WAR OR DATES OF SERVICE): --
13. SOCIAL SECURITY NO.: 527-12-4618
14A. FATHER'S NAME: Vollany Markle
14B. BIRTHPLACE (STATE OR COUNTRY): Iowa
15A. MOTHER'S MAIDEN NAME: ---- Carr
15B. BIRTHPLACE (STATE OR COUNTRY): ----
16. INFORMANT'S SIGNATURE: Maude M. Markle ADDRESS: - Tucson, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): c SEPTEMBER 9, 1955

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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 11 hours
DUE TO (B) Coronary thrombosis — 11 hours
DUE TO (C) Arteriosclerosis — years

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 ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 11, 1952 TO Sept 9, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Sept. 9, 1955, AND THAT DEATH OCCURRED AT 11:10 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: George N. King (DEGREE OR TITLE) MD
22B. ADDRESS: 116 N. Tucson Blvd
22C. DATE SIGNED: 9/12/55

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-12-55
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona

26A. DATE REC. BY LOCAL REG.: 9-12-55
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Tocum
27B. ADDRESS: Arizona Mortuary Tucson, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 77

OF DEATH AND RESIDENCE
CEDENT RSONAL DATA
CAUSE OF DEATH (ITEM 18)
RATIONS, UTOPSY
EDICAL IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S IFICATION
NERAL RECTOR AND GISTRAR