9117

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 80
County Registrar's - No. 134
Local Registrar's - No. 137

MARGIN RESERVED FOR BINDING RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

1. County Graham
District
Town or city Safford Ariz No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Georgl S. Marshall.

(a) Residence. No. Safford Arizona St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Male	White	Divorced.

5a. If married, widowed, or divorced
HUSBAND of Eunice Marshall
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 15-1893

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
31	11	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Theater Manager
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Pima
(State or Country) Ariz

PARENTS

10. NAME OF FATHER Sheriff S. Marshall
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Utah.
12. MAIDEN NAME OF MOTHER Joana Merritt
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Utah

14. Informant Sheriff S. Marshall.
(Address) Pima, Graham Co.

15. Filed Sept 9 1924 Hattie M. Schenck Local Registrar.
Filed Sept 9 1924 D. Scott Schenck County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 5 1924

17. I HEREBY CERTIFY, That I attended deceased from July 28 - 1924 to Aug 5 - 1924
that I last saw him alive on Aug 5 - 1924
and that death occurred, on the date stated above, at 8 P.M.
The CAUSE OF DEATH* was as follows:
General Peritonitis
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (secondary) Gangrenous Appendicitis
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes date of July 29-24
Was there an autopsy? No
What was confirmed diagnosis? Exception
Signed D. Scott Schenck M. D.
Date Aug 7. 1924 (Address) Safford.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Pima

DATE OF BURIAL Aug 7. 1924
ADDRESS Safford

20. UNDERTAKER W. C. Rawson