970

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 435

Registered No. 159

1. PLACE OF DEATH

County Pima State Arizona

District or Township 12th or Village

City Tucson No. U.S. Veterans' Hospital #51, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Marvin K. PAGE, C-1,332,906

(a) Residence. No. (Usual place of abode) St., Ward. Chattanooga, Tenn. (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 21 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)
M	White	Single

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

6. DATE OF BIRTH (month, day and year) Aug. 16, 1897

7. AGE Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
28	4	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mississippi

PARENTS

10. NAME OF FATHER W.S. Page.

11. BIRTHPLACE OF FATHER (city or town) (State or country) Mississippi

12. MAIDEN NAME OF MOTHER Sally Knox

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Mississipi

14. Informant Hospital Records, U.S. Veterans' Hospital #51, (Address) Tucson, Arizona.

15. Filed 2/23, 1926 Dr. A.G. Schnabel Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 20, 1926

17. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1925 to Feb. 20, 1926, that I last saw him alive on Feb. 20, 1926 and that death occurred, on the date stated above, at 4:20 A.m. The CAUSE OF DEATH* was as follows:

Tuberculosis of the lungs

unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Lab. Exam

(Signed) W. D. McFaul, [signature] M.D.

Feb. 20, 1926 (Address) Tucson, Arizona

* 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 Chattanooga Tenn

DATE OF BURIAL Feb-21-26

20. UNDERTAKER Parker-Grimshaw

ADDRESS Tucson Ariz

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.