

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Maricopa State: Arizona
District or Township: Phoenix City: Phoenix Ariz.
2. FULL NAME: Mark Roy Cardwell
(a) Residence No.: Mesa Ariz.
Length of residence in city or town where death occurred: yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male 4. COLOR or RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single
6. DATE OF BIRTH: Sept 24-25
7. AGE: 1 Year 8 Months 15 Days
8. OCCUPATION OF DECEASED
9. BIRTHPLACE: Mesa Arizona
10. NAME OF FATHER: George E Cardwell
11. BIRTHPLACE OF FATHER: Md.
12. MAIDEN NAME OF MOTHER: Dora Porter
13. BIRTHPLACE OF MOTHER: Texas
14. Informant: Dora Cardwell
15. Filed: 8-16-27 Registrar: M.L. Gibbons

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: May 9 1927
17. I HEREBY CERTIFY That I attended deceased from May 9, 1927 to May 9, 1927
that I last saw him alive on May 9, 1927
and that death occurred, on the date stated above, at 1:30 P.M.
The CAUSE OF DEATH* was as follows:
Drowned in Ditch in Phoenix
CONTRIBUTORY (Secondary)
18. Where was disease contracted?
Did an operation precede death?
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Frank Millroy M.D.
May 10 1927 (Address) Phoenix Ariz.
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mesa Cemetery
20. UNDERTAKER: M.L. Gibbons

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.