

2125

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

1. PLACE OF DEATH County Graham State Arizona City Safford
2. FULL NAME Emma Louisa Marble
(a) Residence No. Safford
Length of residence in city or town where death occurred 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED married
5a. If married, widowed, or divorced HUSBAND of Jesse Gerald Marble
6. DATE OF BIRTH March - 6 - 1911
7. AGE Years 16 Months 4 Days 16
8. OCCUPATION OF DECEASED Housewife
9. BIRTHPLACE (city or town) Safford (State or country) Graham, Arizona
10. NAME OF FATHER Van A Talley
11. BIRTHPLACE OF FATHER Snowflake (city or town) Arizona
12. MAIDEN NAME OF MOTHER Ella Viola Black
13. BIRTHPLACE OF MOTHER Utah (city or town)

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH Oct 19 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1927 to Oct 17 1927 that I last saw her alive on Oct 19 1927 and that death occurred, on the date stated above, at 4:05 a.m. The CAUSE OF DEATH\* was as follows: Pulmonary hemorrhage
CONTRIBUTORY Tuberculosis Diabetic
18. Where was disease contracted at place of death
Did an operation precede death? No
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. H. Langdon, M. D.
1019 1927 (Address) Safford, Ariz.

14. Informant Gerald Marble (Address) Safford
15. Filed Nov - 8 - 1927 J. H. Statham Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Graham
DATE OF BURIAL Oct. 20 - 27
20. UNDERTAKER Gerald Marble ADDRESS Safford

MARGIN RESERVED FOR BINDING
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.