

2496

Arizona State Board of Health

STATE FILE NO. 65

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 33 OR
 TOWNSHIP _____ OR VILLAGE _____
 CITY Globe NO. 141 Railroad Court ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE US NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 29 YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 HOW LONG IN STATE WHEN DEATH OCCURRED? 40 YRS. _____ MOS. _____ DS.

2. FULL NAME Eliza Marks HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 141 Railroad Court ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-25-1841

7. AGE YEARS 94 MONTHS _____ DAYS 18 IF LESS THAN 1 DAY _____ HRS. _____ OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. At Home
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Cambourne Cornwall
 (STATE OR COUNTY) England

13. NAME Thomas Dunstan

14. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTY) _____

15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTY) _____

17. INFORMANT Mrs. Frank Jones
 (ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE 4/15/35 19. _____

19. EMBALMER LICENSE NO. 181-A
 SIGNATURE [Signature]

FUNERAL DIRECTOR LICENSE # 10-A
 ADDRESS Globe Arizona

20. FILED April 27 19 35 REGISTRAR [Signature]

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13 19 35

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 1 1935 TO Apr 13 1935
 I LAST SAW HER ALIVE ON Apr 13 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:30 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Old age (94) General Atheroma Cardio-Renal

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19 _____

WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____

MANNER OF INJURY _____
 NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____

IF SO, SPECIFY _____ (SIGNED) [Signature] M. D. _____
 (ADDRESS) Globe

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

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.