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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. **54**

1. PLACE OF DEATH  
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 67

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_

CITY Miami NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Alon Le Roy Markham HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

(A) RESIDENCE: NO. 1111 Aldemar ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY, TOWN AND STATE)

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PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 25, 1935</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov. 22, 1935</u> , TO <u>Nov. 24, 1935</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1932</u>					I LAST SAW HIM ALIVE ON <u>Nov. 24, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7</u> A. M.		
7. AGE		YEARS <u>3</u>	MONTHS	DAYS	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:		
				IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.						
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) <u>Miami</u> (STATE OR COUNTY) <u>Ariz.</u>							
13. NAME <u>Fred H. Markham</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Eder</u> (STATE OR COUNTY) <u>Ariz.</u>							
15. MAIDEN NAME <u>Viva C. Taylor</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>Pima</u> (STATE OR COUNTY) <u>Ariz.</u>							
17. INFORMANT <u>Fred Markham</u> (ADDRESS) <u>Miami, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Final Cemetery</u> DATE <u>Nov. 26, 1935</u>							
19. EMBALMER { LICENSE NO. <u>209-A</u> SIGNATURE <u>Dalton H. Cole</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami, Arizona</u>							
20. FILED <u>Dec. 10, 1935</u> <u>C. M. Brown</u> REGISTRAR							
					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 <u>None</u>		
					NAME OF OPERATION <u>None</u> DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? <u>clinical</u> WAS THERE AN AUTOPSY? <u>No</u>		
					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> IF SO, SPECIFY _____ (SIGNED) <u>John Hagan</u> M. D. (ADDRESS) <u>Imperial, Ariz.</u>		

10M-10-6-34-REP-GAZ PRINTERY—FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION