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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. **91**

1. PLACE OF DEATH
COUNTY Globe STATE ARIZONA REGISTERED NO. 106
TOWNSHIP Globe OR VILLAGE _____
CITY _____ 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 Mike Marchello HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS. 1 0 0
(A) RESIDENCE: NO. _____ ST. Prescott Ariz (IF NOT RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>m</u>	4. COLOR OR RACE <u>Italian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12-16-1935</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec. 13, 1935 TO Dec. 16, 1935</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lula Marchello</u>				I LAST SAW HIM ALIVE ON <u>Dec. 16, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11 A. M.</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE <u>39</u>	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.	DATE OF ONSET <u>Dec. 13, 1935</u>
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Business</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>none</u>				
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Italy</u>					
FATHER	13. NAME <u>James Marchello</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Italy</u>				
MOTHER	15. MAIDEN NAME <u>Anna</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Italy</u>				
17. INFORMANT (ADDRESS) <u>John Marchello Prescott Ariz</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prescott Ariz</u> DATE <u>12-17-1935</u>					
19. EMBALMER LICENSE NO. _____ SIGNATURE _____ FUNERAL DIRECTOR <u>Melvin Monticary</u> ADDRESS <u>Globe</u>					
20. FILED <u>Dec. 16, 1935</u> REGISTRAR <u>Jeffrey Thom</u>					
				NAME OF OPERATION <u>none</u> DATE OF WHAT TEST CONFIRMED DIAGNOSIS <u>Examination</u> WAS THERE AN AUTOPSY? <u>no</u>	
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? <u>no</u> IF SO, SPECIFY _____ (SIGNED) <u>T.C. Harper</u> M. D. (ADDRESS) <u>Globe, Arizona</u>					