

4176

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

1. PLACE OF DEATH  
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 13  
TOWNSHIP \_\_\_\_\_ OR VILLAGE Gila Co. Hospital OR \_\_\_\_\_  
CITY Miami Globe NO. 25 Lower Miami 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 15 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Vollicarroll Marcus HOW LONG IN STATE WHEN DEATH OCCURRED? 15 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 25 Lower Miami ST., \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

---

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gene Miller Marcus  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14  
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN. 50  
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Second Hand  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Furniture Dealer  
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) Liberty Hill Texas  
13. NAME Andrew Marcus  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas  
15. MAIDEN NAME Fanny Marcus  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas  
17. INFORMANT Mrs. Gene Marcus (ADDRESS) Miami, Arizona  
18. BURIAL ~~CREMATION OR REMOVAL~~ PLACE Pinal Cemetery DATE Jan 15, 1936  
19. EMBALMER } LICENSE NO. 209-A SIGNATURE Dalton H. Cook  
FUNERAL DIRECTOR } Wiles Mortuary ADDRESS Miami, Arizona  
20. FILED Feb. 13, 1936 REGISTRAR Geoffrey Morris

---

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1936  
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 5, 1936 TO Jan 12, 1936  
I LAST SAW HIM ALIVE ON Jan 12, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:30 P. M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Gun shot wound severing spinal cord at second dorsal vertebra  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Shock & exhaustion  
NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? No  
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR (HOMICIDE)? Yes DATE OF INJURY Jan 5, 1936  
WHERE DID INJURY OCCUR? Miami Ariz (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE On street  
MANNER OF INJURY Shot by officer  
NATURE OF INJURY \_\_\_\_\_  
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
IF SO, SPECIFY (SIGNED) R. D. Kennedy M. D. (ADDRESS) Globe Ariz