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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

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 86

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO.
TOWNSHIP Globe VILLAGE OR
CITY Globe NO. Globe Hosp ST. WARD
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: 45 YRS. 5 MOS. 15 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.
2. FULL NAME Cyril L. Marks HOW LONG IN STATE WHEN DEATH OCCURRED: 45 YRS. 5 MOS. 15 DS.
(A) RESIDENCE: NO. Highway 60 Globe Ariz WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Marks</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3, 1879</u>			
7. AGE YEARS <u>57</u>	MONTHS <u>3</u>	DAYS <u>15</u>	IF LESS THAN 1 DAY, —HRS. OR —MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Landscape</u>			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) <u>3/1/36</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>20</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Kansas</u>			
13. NAME <u>Jim N. Marks</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown Mo.</u>			
15. MAIDEN NAME <u>Downing</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown Mo.</u>			
17. INFORMANT <u>Blaney Marks</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelby</u> DATE <u>1936</u>			
19. EMBALMER LICENSE NO. <u>209</u> SIGNATURE <u>Salem H. Cole</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Globe Ariz</u>			
20. FILED <u>May 18, 1936</u> REGISTRAR (ADDRESS) <u>Globe</u>			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED/DECEASED FROM Apr 25, 1936 TO May 18, 1936
I LAST SAW HIM ALIVE ON May 18, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Septic Infection; Erysipelas + Cellulitis left axilla + hip. DATE OF ONSET Apr 28

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION Incision + drainage DATE OF Apr 28
WHAT TEST CONFIRMED DIAGNOSIS? Microscope WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE. DATE OF INJURY 4/23, 1936
WHERE DID INJURY OCCUR? Highway 60 (SPECIFY CITY OR TOWN, COUNTY AND STATE)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE In employment on highway
MANNER OF INJURY abrasion from rock
NATURE OF INJURY on left thigh

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? yes
IF SO, SPECIFY foreman on highway construction
(SIGNED) Charles J. Smith M. D.
(ADDRESS) Globe