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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 COUNTY Maricopa STATE ARIZONA STATE FILE NO. 80
 TOWNSHIP Miami OR VILLAGE _____ REGISTERED NO. 26
 CITY _____ NO. 1111 Alderman St OR _____ WARD _____

2. FULL NAME Frankie Markham HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
 (A) RESIDENCE: NO. 1111 Alderman St HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____
 (USUAL PLACE OF ABODE) ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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) <u>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 3, 1937</u>	22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>March 3 - 1937</u> TO <u>March 3 - 1937</u> I LAST SAW HIM ALIVE ON <u>March 3, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8:30 P. M.</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 3 - 1937</u>	7. AGE YEARS <u>0</u> MONTHS <u>0</u> DAYS <u>0</u> 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. 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Stillborn infant</u> DATE OF ONSET <u>March 3, 1937</u> <u>Gestation 10 months</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Miami, Arizona</u>	13. NAME <u>Fred Markham</u>	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
MOTHER	FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Eden, Texas</u>		NAME OF OPERATION <u>Low forceps delivery</u> DATE OF <u>March 3, 1937</u> WHAT TEST CONFIRMED DIAGNOSIS? <u>none</u> WAS THERE AN AUTOPSY? <u>no</u>	
15. MAIDEN NAME <u>Winn Taylor</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Eden, Texas</u>	17. INFORMANT <u>Fred Markham</u> (ADDRESS) <u>1111 Alderman St</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? <u>no</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial</u> DATE <u>3-4-1937</u>	19. EMBALMER LICENSE NO. <u>2771</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>Walter Montgomery</u> ADDRESS <u>Miami, Ariz.</u>	20. FILED <u>Mar. 9 - 1937</u> <u>C. M. Stout</u> REGISTRAR		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____ MANNER OF INJURY <u>none</u> NATURE OF INJURY _____	
				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u> IF SO, SPECIFY _____ (SIGNED) <u>Walter Montgomery</u> M. D. (ADDRESS) <u>Miami, Arizona</u>	

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION