

9115

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 Gila State ARIZONA State File No. 76
Township _____ or Village _____ Registered No. 76
City Globe No. 414 Parker St. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 33 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Sid Fisk Mauk How long in State when death occurred? 33 yrs. _____ mos. _____ ds.
(a) Residence: No. 414 Parker St. 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>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Aug. 21, 1938</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. Mannie Kay Mauk</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>last saw deceased after death Aug. 21, 1938</u> I last saw him alive on _____; death is said to have occurred on the date stated above, at <u>8:30 A. m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Sept. 9, 1879</u>					The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>58</u>	Months <u>11</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset <u>Aug. 21, 1938</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>				<u>Coronary Thrombosis</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				<u>acute regurgitation + moderate aortic sclerosis</u>	
	10. Date deceased last worked at this occupation (month and year)				Other contributory causes of importance:	
11. Total time (years) spent in this occupation					Name of operation <u>none</u> Date of _____	
12. BIRTHPLACE (city or town) <u>San Luis Obispo Calif.</u>					What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>yes</u>	
FATHER	13. NAME <u>George Wert Mauk</u>				23. If death was due to external cause (violence) fill in also the following Accident, suicide, or homicide? _____ Date of injury _____ 19____	
14. BIRTHPLACE (city or town) <u>Ohio</u>					Where did injury occur? _____ (Specify city or town, county and State)	
MOTHER	15. MAIDEN NAME <u>Mary Jane Fisk</u>				Specify whether injury occurred in industry, in home, or in public place	
16. BIRTHPLACE (city or town) <u>Old Town Maine</u>					Manner of injury _____	
17. INFORMANT <u>Sid Mauk Jr.</u>					Nature of injury _____	
18. ADDRESS <u>Globe Arizona</u>					Was disease or injury in any way related to occupation of deceased? <u>no</u>	
19. EMBALMER License No. _____ Signature <u>Irvin H. Jones</u>					If so, specify _____	
20. FUNERAL DIRECTOR License No. _____ Address <u>Globe Arizona</u>					(Signed) <u>T. C. Harper</u> M. D.	
20. Filed <u>Aug. 22, 1938</u> Registrar <u>Irvin H. Jones</u>					(Address) <u>Globe, Arizona</u>	