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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 Yila State ARIZONA File No. 75
Township _____ or Village _____ Registered No. _____
City Miami No. _____ of _____ 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 yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.
2. FULL NAME George Marinovich How long in State when death occurred? yrs. mos. ds.
(a) Residence: No. 5713 Red Springs 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 _____

6. DATE OF BIRTH (month, day, and year) Sept. 1876

7. AGE Years 63 Months 0 Days ? If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Apata, Jugoslavia (State or Country) Old Morcha

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Jugoslavia (State or Country) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Jugoslavia (State or Country) _____

17. INFORMANT (Address) Mrs. Beasley
673 Red Springs

18. BURIAL, CREMATION, OR REMOVAL Place Crem. Cem. Date Sept. 23, 1939

19. EMBALMER License No. 742 Signature John C. Salyer
FUNERAL DIRECTOR Rita B. Miles
Address Miami, Arizona

20. Registrar John C. Salyer (Address) Miami, Arizona

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1939

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1939, to Sept 20, 1939
I last saw him alive on Sept 20 1939; death is said to have occurred on the date stated above, at 10:22 P.M.

The principal cause of death and related causes of importance were as follows: Chronic endo of myocarditis Jan 1939 with edema of cardiac block

Date of Onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? no Was there an autopsy? _____

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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) John C. Salyer M. D.
(Address) Miami, Arizona