2549

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

State File No. 63

1. PLACE OF DEATH

County Gila State ARIZONA Registered No. 92

Township ..... or Village ..... or

City Globe No. 74I South 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 10 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marguerite Eleanor Aston How long in State when death occurred? 18 yrs. ..... mos. ..... ds.

(a) Residence: 74I South St. ; ..... (If nonresident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Lomax Aston

6. DATE OF BIRTH (month, day, and year): Sept. 1, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	2	6	

OCCUPATION

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country): Macomb Ill.

FATHER

13. NAME: William Ernest Shilds

14. BIRTHPLACE (city or town) (State or Country): Mo.

MOTHER

15. MAIDEN NAME: Oneita Logsdon

16. BIRTHPLACE (city or town) (State or Country): Quincey Ill.

17. INFORMANT: Lomax Aston

(Address) Globe Ariz.

18. BURIAL, ~~CREMATION, REMOVAL~~

Place Globe Cemetery Date Nov. 9, 1939

19. EMBALMER License No. 218-A. Signature Fred L. Jones

FUNERAL DIRECTOR License 10-A. Fred L. Jones

Address Globe Ariz.

20. Filed Nov. 9, 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Nov. 7, 1939

I last saw her alive on Nov. 7, 1939; death is said to have occurred on the date stated above, at 7:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchial Asthma,	about
Complicated by Chronic	1927
myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Examination 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 ....., 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) T. C. Harper, M. D.

(Address) Globe, Arizona

10M—5-25-39 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information