

2319

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.

**SOCIAL SECURITY NO.** none

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH State File No. 35 Registered No. 35

1. PLACE OF DEATH  
County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Hila Co. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. if a foreign birth \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME George Bailey Markham How long in State when death occurred 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: 925 Olive Oak St. (Usual place of abode) (If a 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>4/3/1940</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 2</u> 19 <u>40</u> to <u>Apr 3</u> 19 <u>40</u> . I last saw him alive on <u>Apr 3</u> 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>4:00 P.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Dec. 25, 1867</u>					The principal cause of death and related causes of importance were as follows: <u>Acute Lobor</u> <u>Pneumonia</u>	
7. AGE		Years <u>73</u>	Months <u>4</u>	Days <u>8</u>	If LESS than 1 day, _____hra or _____min.	Date of Onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>				Date of Onset	
	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		Other contributory causes of importance:
12. BIRTHPLACE (city or town) (State or Country) <u>Boyer</u> <u>Edado</u>						
MOTHER	13. NAME <u>David H. Markham</u>					
	14. BIRTHPLACE (city or town) (State or Country) <u>Rocketer</u> <u>N. Y.</u>					
FATHER	15. MAIDEN NAME <u>Mary Jones</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? _____ (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 _____
	16. BIRTHPLACE (city or town) (State or Country) <u>Warrens city</u> <u>Missouri</u>					
17. INFORMANT <u>Mr. W. J. Markham</u> (Address) <u>Missouri, Ariz.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bismal</u> Date <u>4/6/1940</u>						
19. EMBALMER License No. <u>242-11</u> Signature <u>John C. Talshy</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> Address <u>Missouri, Ariz.</u>						
20. Filed <u>April</u> 19 <u>40</u> Registrar <u>James W. ...</u> (Address) <u>Globe, Ariz.</u>						
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) _____ M. D.						