

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 83  
Registrar's No. 52

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution about 17 days; In Community 58 years  
(Specify whether years, months or days) : In Arizona

2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Payson  
(If outside city limits also write RURAL)

(d) Street No. \_\_\_\_\_

3. (a) FULL NAME Silas ("Mart") Marshall McDonald (b) Sex Male (c) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_ (d) Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Widowed  
White  Indian  Negro  Oriental  White

6. (b) Name of husband Deceased O'Beria Ann McDonald 6. (c) Age of husband 74  
or wife, if alive, yrs.

7. Birthdate of deceased June 8th 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 27 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Red Lake, California  
(City, town or county) (State or Country)

10. Usual Occupation Merchant

11. Industry or Business \_\_\_\_\_

Father } 12. Name John McDonald  
13. Birthplace Missouri  
(City, town or county) (State or Country)

Mother } 14. Maiden Name Sarah See  
15. Birthplace California  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Roy Lockwood  
(b) Address Roosevelt, Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Payson, Ariz. (c) Date 5/8/44 1944

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) May 6 1944  
(Date received Local Registrar)  
(b) Drew Wanner  
(Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) May 5th 1944  
TIME (Hour and minute) 5:20 AM M.

21. I hereby certify that I attended the deceased from Apr. 5, 1944 to May 5, 1944  
that I last saw him alive on May 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to also Arterio-sclerosis & Chronic nephritis & Chronic Arthritis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**DURATION**  
about 4 yrs.  
about 4 yrs.

**PHYSICIAN**  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature T. S. Harper M. D.  
Address Payson, Ariz. Date signed 5-6-44