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10/15/44

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 112  
Registrar's No. 107

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 814 Highland Drive  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community Life; in Arizona Life  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe  
(If outside city limits also write RURAL)  
(d) Street No. 814 Highland Drive (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
3. (a) FULL NAME Duke Lansing Quarles (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased August 29th 1933  
(Month) (Day) (Year)  
8. AGE: Years 11 Months 0 Days 25 If less than one day hrs. min.  
9. Birthplace Globe, Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation Student  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name James Quarles  
13. Birthplace Tonto Basin, Arizona  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Ethel Garside  
15. Birthplace Globe, Arizona  
(City, town or county) (State or Country)  
16. (a) Informant's own signature James Quarles  
(b) Address Globe, Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Ariz. (c) Date 9/27/44  
18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona  
19. (a) Oct. 5 - 44  
(Date received local Registrar)  
(b) Dave Wausler  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Sept. 24th 1944  
TIME (Hour and minute) 10:10 AM M.  
21. I hereby certify that I attended the deceased Sept 15  
1944 to Sept 24 1944  
that I last saw him alive on Sept 24 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Lymphoblastic Leukemia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ (Specify type of injury)  
23. Signature [Signature] M. D.  
Address Globe, Ariz. Date signed 9/26 1944

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