

1277

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1277
 Registrar's No. 80

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 321 Mesa St.
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community _____; In Arizona _____
 (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. 321 Mesa St.

3. (a) FULL NAME Dan Marich (b) If Veteran name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife Sadie Marich 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct 6 1945 1878
 (Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 0 hrs. _____ min. _____
 If less than one day

9. Birthplace Yugoslavia
 (City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business _____

Father { 12. Name Joe Marich
 13. Birthplace Yugo slavia
 (City, town or county) (State or Country)

Mother { 14. Maiden Name Mary. (Unknown)
 15. Birthplace Yugoslavia
 (City, town or county) (State or Country)

16. (a) Informant's own signature Sadie Marich
 (b) Address 321 Mesa St.

17. (a) Burial, Cremation or Removal Burial
 (b) Place Pinal Cem (c) Date Oct 14 1945

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

19. (a) Oct. 14-45
 (Date received Local Registrar)
 (b) Lucy Wauchope
 (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Oct 6 1945
 TIME (Hour and minute) 11:50 P. M.

21. I hereby certify that I attended the deceased from 1935 to Oct. 6, 1945
 that I last saw him alive on Oct. 6, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Silicosis -
(Terminal Coronary Thrombosis)

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? _____ (e) Means of injury _____

23. Signature T. S. Harper M. D.
 Address Globe, Ariz. Date signed 10-13-45

DURATION
about 20 yrs.
2 hrs.

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