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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. 17

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 328 Pinal St.  
(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. 328 Pinal St.; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (c) Social Security No. No

3. (a) FULL NAME Blas Marich (b) If Veteran name war No

4. Sex Male 5. Race White  
White  Indian  Negro   
Oriental  White

6. (a) Single, married, widowed or divorced Single  
6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased June 30th 1910  
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 6  
If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation City Councilman

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

12. Name Sam Marich  
13. Birthplace Yugo-Slavia  
(City, town or county) (State or Country)

14. Maiden Name Nealie Sisevich  
15. Birthplace Yugo-Slavia  
(City, town or county) (State or Country)

16. (a) Informant's own signature Matt Marich  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Ariz. (c) Date 2/9/46

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

19. (a) Feb. 16 - 46  
(Date received Local Registrar)  
(b) Jesse Waverlee  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 6th 1946  
TIME (Hour and minute) 12:20 AM M.

21. I hereby certify that I attended the deceased from Jan. 1, 1945 to Feb. 6, 1946  
that I last saw him alive on Feb. 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic ulcerative pulmonary tuberculosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
15 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.C. Harper M. D.  
Address Globe, Ariz. Date signed 2-14-46