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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

2620

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

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

Registrar's No. 57

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 458 Yuma St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 48 Yrs.; In Arizona 48 Yrs.  
(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. 458 Yuma St. (e) Citizen of foreign country (Yes or No) no  
If Yes, which country \_\_\_\_\_ (c) Social Security No. None

3. (a) FULL NAME Margaret Marley Rice (b) If Veteran name war No (c) Social Security No. None

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

6. (b) Name of husband or wife Barney Rice 6. (c) Age of husband or wife, if alive Deceased yrs.

7. Birthdate of deceased May 15, 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 16 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual Occupation Housewife  
At home

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

Father { 12. Name John Marley  
13. Birthplace Ireland  
(City, town or county) (State or Country)

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

16. (a) Informant's own signature Jellie Quarley  
(b) Address 458 Yuma St - Globe

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cemetery Date 6/3/1948

18. (a) Embalmer's Signature Frank A. Healy  
(b) Funeral Director Frank A. Healy  
(c) Address 328 So. Hill St., Globe, Ariz.

19. (a) \_\_\_\_\_  
(b) \_\_\_\_\_

19. (a) June 2-48  
(Date received Local Registrar)

(b) Jessie Wau Lee  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 31, 1948  
TIME (Hour and minute) 6:45 P. M.

21. I hereby certify that I attended the deceased from 5-29-48  
\_\_\_\_\_ 19\_\_\_\_ to 5-31 1948

that I last saw her alive on 5-31 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death - Acute Heart failure

Due to Cronary Occlusion

Due to \_\_\_\_\_

Other conditions (Include pregnancy within three months of death)

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

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 Robert Stearns M. D.  
Address Globe Date signed 5-31-48

DURATION

\_\_\_\_\_

\_\_\_\_\_

2 days

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

\_\_\_\_\_

\_\_\_\_\_