

2140

Bishop

420.0

STATE FILE NO. 1225

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRAR'S NO. 21.

PLACE OF DEATH AND RESIDENCE 04 04 25 19 0201 9	1. PLACE OF DEATH A. COUNTY <u>Gila</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Globe</u> C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 wks. 1</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Miami</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1123 Aldemar</u>		
	3. NAME OF DECEASED A. (FIRST) <u>William</u> B. (MIDDLE) <u>J.</u> C. (LAST) <u>Markham</u>		4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>		
	6. MARRIED - - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH <u>Feb.</u> DAY <u>11</u> YEAR <u>1869</u>		
PRECEDENT PERSONAL DATA 180 4 349	8. AGE YEARS <u>80</u> MONTHS <u>0</u> DAYS <u>26</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>City Employee - Retired</u>		
	9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Boise Idaho</u>		
	11. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		
13. SOCIAL SECURITY NO. <u>None</u>		14A. FATHER'S NAME <u>David W. Markham</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Rocketer New York</u>	
15A. MOTHER'S MAIDEN NAME <u>Mary Jones</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Kansas City Mo</u>		16. INFORMANT'S SIGNATURE <u>Fred Markham, Miami</u>	
17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>7</u> (YEAR) <u>1947</u>		MEDICAL CERTIFICATION			
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) <u>Chronic Congestive heart failure</u>		
	DUE TO (c) <u>Arteriosclerotic heart disease</u>		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb 15</u> 1949 TO <u>March 7</u> 1949, THAT I LAST SAW THE DECEASED ALIVE ON <u>March 7</u> 1949, AND THAT DEATH OCCURRED AT <u>11:40p</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <u>Theodore E. Bishop MD</u>		23B. ADDRESS <u>Box 140 Globe Ariz</u>		23C. DATE SIGNED <u>3/9/49</u>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Mar 11, 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Quinal Cemetery</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami Ariz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wita S. Miles, Miami Ariz</u>			
25A. DATE REC'D BY LOCAL REG. <u>Mar 10-49</u>		25B. REGISTRAR'S SIGNATURE <u>Frederic W. Waveler</u>			