

CERTIFICATE OF DEATH

REGISTRAR'S NO. 201

DEATH 201 SIDENCE	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <b>Globe</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <b>Globe</b>	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>27 days 14 yrs</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>White House Hotel-1009. Broad St.</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION <b>Gila General Hospital</b>				

NT VAL A 170 4 400	3. NAME OF DECEASED A. (FIRST) <b>Edward</b> B. (MIDDLE) <b>Markley</b> C. (LAST) <b>Markley</b>			4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			7. DATE OF BIRTH MONTH <b>May</b> DAY <b>26</b> YEAR <b>1879</b>	
	8. AGE YEARS <b>70</b> MONTHS <b>10</b> DAYS <b>20</b>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>cowpuncher-mining</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>cowpuncher</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Daytown, Texas</b>		11. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no *****</b>			13. SOCIAL SECURITY NO. <b>526-14-810</b>		
14A. FATHER'S NAME <b>Bud Markley</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Kerrville, Texas</b>		15A. MOTHER'S MAIDEN NAME <b>Dreucilla Porter</b>
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>			16. INFORMANT'S SIGNATURE <b>Gila County Welfare Board, Globe, Ariz.</b>		
17. DATE OF DEATH <b>April 16, 1950</b>			18. TIME OF DEATH <b>7:45 P.M.</b>		

H 181 9	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. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several years</b>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

H O AL CE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		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?	

AL IER'S TION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>April 1, 1950</b> TO <b>April 16, 1950</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>April 15, 1950</b> AND THAT DEATH OCCURRED AT <b>7:45 P.M.</b> FROM THE CAUSE AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <b>Alexander J. Basse, M.D.</b>		23B. ADDRESS <b>Globe, Arizona</b>		23C. DATE SIGNED <b>4-17-50</b>	

AL OR AR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>April 21, 1950</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Globe Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Globe, Arizona.</b>	
	25A. DATE REC'D BY LOCAL REG. <b>4-18-50</b>		25B. REGISTRAR'S SIGNATURE <b>Gene Wavle</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Frank D. Gray</b>		27. EMBALMER'S SIGNATURE <b>Frank D. Gray</b>	