

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3407

CERTIFICATE OF DEATH

REGISTRAR'S NO.

54

4 OF DEATH ND RESIDENCE 5	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 RURAL) <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>38 Yrs 38 Yrs</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>12 Silver Street</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 Silver Street</b>		3. NAME OF DECEASED A. (FIRST) <b>Tony</b> B. (MIDDLE) <b>--</b> C. (LAST) <b>Marasovich</b>		4. SEX <b>male</b> 5. COLOR OR RACE <b>white</b>
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>Dec.</b> DAY <b>14</b> YEAR <b>1886</b>		8. AGE YEARS <b>63</b> MONTHS <b>6</b> DAYS <b>21</b>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>mining-copper</b>		9B. KIND OF BUSINESS OR INDUSTRY <b>mining-copper</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Austria</b>
11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>no</b>		13. SOCIAL SECURITY NO. <b>unknown</b>
14A. FATHER'S NAME <b>Matte Marasovich</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Austria</b>		15A. MOTHER'S MAIDEN NAME <b>Jake (Unknown)</b>
15B. BIRTHPLACE (STATE OR COUNTRY) <b>unknown</b>		16. INFORMANT'S SIGNATURE (write) <b>Antonio Marasovich</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>July 5, 1950 12:15 pm</b>
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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of Liver</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a); STATING THE UNDERLYING CAUSE LAST. DUE TO (b). DUE TO (c). II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <b>about 2 years</b>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <b>July 5, 1950</b> AND THAT DEATH OCCURRED AT <b>12:30 p.m.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <b>T.C. Harper, M.D.</b>		23B. ADDRESS <b>Globe, Ariz.</b>
23C. DATE SIGNED <b>7-6-50</b>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>July 8, 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>7-7-50</b>
25B. REGISTRAR'S SIGNATURE <b>Gene Wampler</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Frank B. Leahy</b>		27. EMBALMER'S SIGNATURE <b>Frank B. Leahy</b>
27. EMBALMER'S SIGNATURE <b>Frank B. Leahy</b>		27. EMBALMER'S SIGNATURE <b>248-A</b>		