ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3840

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 28

1. PLACE OF DEATH
A. COUNTY: Coconino
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Williams
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: transient
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION): Car enroute to hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arkansas
B. COUNTY:
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Newport - rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): R.R. #2.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Marlin
B. (MIDDLE):
C. (LAST): Anderson

4. SEX: Male
5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Nov DAY 28 YEAR 1950
8. AGE: YEARS 1 MONTHS DAYS 27
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Chief
9B. KIND OF BUSINESS OR INDUSTRY: none
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): no
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Garnet Anderson
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
15A. MOTHER'S MAIDEN NAME: Opal Lawrence
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE: Garnet Anderson ADDRESS: Newport, Ark.
17. DATE OF DEATH (MONTH) July (DAY) 10 (YEAR) 1951

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) Dehydration and malnutrition — INTERVAL BETWEEN ONSET AND DEATH:
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Unknown — Unknown
DUE TO (c) Unknown
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY): None
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 10, 1951 TO July 10, 1951 THAT I LAST SAW THE DECEASED ALIVE ON None, 19____, AND THAT DEATH OCCURRED AT DOA FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Frank G. Cocci, M.D. (DEGREE OR TITLE)
23B. ADDRESS: Williams, Arizona
23C. DATE SIGNED: 7-10-51

24A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
24B. DATE: July 10-1951
24C. NAME OF CEMETERY OR CREMATORY: Williams Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Williams Ariz
25A. DATE REC'D BY LOCAL REG.: July 10-1951
25B. REGISTRAR'S SIGNATURE: Stella Milkemann
26. FUNERAL DIRECTOR'S SIGNATURE: Stella C. Libbs ADDRESS: Williams
27. EMBALMER'S SIGNATURE: Glen Crompton CERT. NO. 258A

FORM VS 2 REV. 8-50 20M