

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION)	
A. COUNTY Maricopa		IN THIS TOWN 2 days IN ARIZONA 23 yrs		A. STATE Arizona		B. COUNTY Monave	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Kingman		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				D. STREET ADDRESS 609 N. 3d Street		E. (IF RURAL, GIVE LOCATION) RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) William John MALARKEY			A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX M	5. COLOR OR RACE White
6B. NAME OF SPOUSE Nelle			7. DATE OF BIRTH Nov. 26 1878		8. AGE (IN YEARS LAST BIRTHDAY) 78		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Engineer Retired
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? U.S.		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. 526-03-4452
14A. FATHER'S NAME William Henry Malarkey		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME Lidia Ann James		15B. BIRTHPLACE (STATE OR COUNTRY)	
16. INFORMANT'S SIGNATURE Mrs. Marlon Hiltz, Kingman, Arizona				17. DATE OF DEATH December 12 1956			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Uremia				months	
PLACE DISEASE CONTRACTED.		DUE TO (B) Chronic glomerulonephritis				years.	
		DUE TO (C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-10-56 TO 12-12-56 THAT I LAST SAW THE DECEASED ALIVE ON 12-12-56 AND THAT DEATH OCCURRED AT 12:50 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE J. C. Schubert MD				22B. ADDRESS 1315 N. 2nd St.		22C. DATE SIGNED 12/12/56	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Dec. 13, 1956		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kingman, Arizona	
26A. DATE REC. BY LOCAL REG. 12/13/56		26B. REGISTRAR'S SIGNATURE Bernice Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Murphy		27B. ADDRESS 330 N. 2d Ave., Phx	
28A. EMBALMER'S SIGNATURE H. R. Murphy				28B. EMBALMER'S CERT. NO.			

7 OF DEATH AND 23 RESIDENCE 0315

PRECEDENT PERSONAL DATA 178

592X CAUSE OF DEATH ITEM 18

OPERATIONS, AUTOPSY 4

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR 85