

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 411

1. PLACE OF DEATH

Pima

COUNTY _____ STATE ARIZONA REGISTERED NO. 130

TOWNSHIP _____ OR VILLAGE _____

CITY Tucson NO. 1542 East Spring St. OR _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE

IN CITY OR TOWN WHERE DEATH OCCURRED 6 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.2. FULL NAME Major Marshall McDiarmid Williams, Jr. HOW LONG IN STATE WHEN DEATH OCCURRED? 6 YRS. _____ MOS. _____ DS.(A) RESIDENCE: NO. 1542 East Spring ST. _____ WARD. _____

(USUAL PLACE OF ABODE)

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy L. Williams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-18937. AGE 42 YEARS MONTHS 0 DAYS 1 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. U. S. Army9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Retired

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Faison, N. C. (STATE OR COUNTY) _____13. NAME Marshall McD. Williams, Sr.14. BIRTHPLACE (CITY OR TOWN) Fayetteville, (STATE OR COUNTY) N. C.15. MAIDEN NAME Mary Lyde Hicks16. BIRTHPLACE (CITY OR TOWN) Faison, N. C. (STATE OR COUNTY) _____17. INFORMANT Lucy L. Williams (ADDRESS) Tucson, Arizona.18. BURIAL, CREMATION, OR REMOVAL PLACE Faison, N. C. DATE 2-24-35, 193519. EMBALMER { LICENSE NO. 182 SIGNATURE Raymond Lee FUNERAL DIRECTOR 37 A. Alden Brink ADDRESS Tucson, Arizona.20. FILED Feb-23, 1935 Louise H. Howard (S. D.) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-35, 193522. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 2-17, 1935, TO 2-22, 1935I LAST SAW HIM ALIVE ON 2-22, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:20 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Active pulmonary tuberculosis DATE OF ONSET 1927
87

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Hypertension 1934?
V. H. D. mitral stenosis 1923?NAME OF OPERATION _____ DATE OF _____
WHAT TEST _____
CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? NO23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____WHERE DID INJURY OCCUR? _____
(SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____

MANNER OF INJURY _____

NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____

IF SO, SPECIFY _____

(SIGNED) Shepherd, M. D.
(ADDRESS) Tucson, Arizona