

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified.
If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information.
Incorrect certificates will be returned for correction.

Form 8 5-09-4m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County of Macon
District of Mesa No 3
Town of Jordon district
or
City of Mesa
(If death occurs away from USUAL (No. _____, St., _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

Ter. Index No. 76

County Registered No. 52

FULL NAME John Martin

PERSONAL AND STATISTICAL PARTICULARS	
LENGTH OF RESIDENCE	
At Place of Death	<u>16</u> yrs _____ mos.
In Arizona	<u>20</u> yrs _____ mos.
SEX	<u>White</u> <input checked="" type="checkbox"/> <u>Male</u>
COLOR OR RACE	White <input type="checkbox"/> Chinese <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Mexican <input type="checkbox"/>
DATE OF BIRTH	<u>March 30</u> <u>18<u>80</u></u> (month) (day) (year)
AGE	<u>89</u> years <u>2</u> months <u>10</u> days
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
BIRTHPLACE (State or foreign country) <u>Ohio</u>	
OCCUPATION <u>Blacksmith</u>	
NAME OF FATHER	<u>Abner C Martin</u>
BIRTHPLACE OF FATHER	<u>Virginia</u> (State or foreign country)
MAIDEN NAME OF MOTHER	<u>Elizabeth McGee</u>
BIRTHPLACE OF MOTHER	<u>Virginia</u> (State or foreign country)
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
Informant)	<u>J. J. Martin</u>
(Address)	<u>Mesa</u>

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	<u>June 10</u> <u>19<u>09</u></u> (month) (day) (year)
I hereby certify, That I attended deceased from <u>on June 3 d</u> to _____ 19____	
that I last saw h. <u>im</u> alive on <u>June 3 d</u> 19 <u>09</u>	
and that death occurred on the date stated above at <u>2 A</u> M	
The DISEASE or INJURY causing DEATH was as follows; <u>Old age</u>	
Where contracted	<u>15</u> Duration _____
Contributing cause (if any)	<u>none</u>
Where contracted	Duration _____
(Signed) <u>J. E. Drane</u> M. D.	Address <u>Mesa, AT.</u>
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
Former or Usual residence	How long at Place of Death _____ Days
Place of burial or removal	Date of burial or removal <u>June 11</u> 19 <u>09</u>
Undertaker	Address <u>Mesa</u>
Filed <u>6/10/09</u>	<u>J. J. Martin</u> Local Register.
Filed <u>July 6</u> 19 <u>09</u>	<u>H. Hughes</u> County Register.