

2676

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 word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 70
County Registered No. 322
Local Registrar's No. _____

PLACE OF DEATH
County Gila
District Globe
Town Globe
Or City Globe

No. County Hospital St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME John C. Martinis

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED or <input type="checkbox"/> DIVORCED	DATE OF DEATH <u>Sept. 5th</u> 191 <u>9</u> (Month) (Day) (Year)
DATE OF BIRTH <u>Unknown</u> 191____ (Month) (Day) (Year)		I hereby certify, that I attended deceased from <u>Aug 16</u> 191 <u>9</u> to <u>Sept 5</u> 191 <u>9</u> ; that I last saw <u>him</u> alive on <u>Sept 1</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>1:15 PM</u> . The DISEASE or INJURY causing Death was as follows: <u>Carcinoma face and neck</u>	
AGE <u>83</u> yrs. ____ mos. ____ days If less than 1 day ____ hrs., or ____ min.		(Duration) <u>2</u> yrs. ____ mos. ____ days.	
OCCUPATION (a) Trade, profession or particular kind of work <u>Miner & Prospector</u> (b) General nature of industry, business, or establishment in which employed or (employer)		Was disease contracted in Arizona? <u>yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>Unknown</u>		CONTRIBUTORY <u>Old Age</u> (Duration) ____ yrs. ____ mos. ____ days.	
PARENTS	NAME OF FATHER	(Signed) <u>B. G. Jaf</u> <u>Sept 6 1919</u> (Address) <u>Globe</u>	
	BIRTHPLACE OF FATHER (State or Country)	*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER	LENGTH OF RESIDENCE At place of death <u>10</u> yrs. ____ mos. ____ ds. In Arizona ____ yrs. ____ mos. ____ ds.	
	BIRTHPLACE OF MOTHER (State or Country)	Former or Usual Residence _____	
The Above Is True to the Best of My Knowledge (Informant) <u>Frank Bayne</u> (Address) <u>Globe, Arizona</u>		Filed <u>Sept 6 1919</u> <u>B. G. Jaf</u> Local Registrar	
PLACE OF BURIAL OR REMOVAL <u>Globe, Ariz.</u>	DATE OF BURIAL OR REMOVAL <u>Sept 7th</u> 191 <u>9</u>	Filed <u>Oct 5 1919</u> <u>B. G. Jaf</u> County Registrar	
UNDERTAKER <u>J. L. Jones & Son</u>	ADDRESS <u>Globe, Ariz.</u>		