

24. Baynton

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

2179

BIRTH NO. 04	1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE A. STATE <u>Ariz.</u>		REGISTRAR'S NO. <u>20</u>
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN OR RURAL) <u>Maricopa</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Clayton</u>		(WHERE DECEASED LIVED, IF INSTITUTION; B. COUNTY <u>Yuma</u>)
CEMENT AND RESIDENCE 5	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>3046 Wilcox Ave.</u>		D. STREET ADDRESS <u>38 Cottonwood</u>		(IF RURAL, GIVE LOCATION)
	3. NAME OF DECEASED A. (FIRST) <u>Anna</u> B. (MIDDLE) <u>Marie</u> C. (LAST) <u>Martin</u>		4. SEX <u>Female</u>		5. COLOR OR RACE <u>White</u>
DECEDENT PERSONAL DATA 178	6. MARRIED <input type="checkbox"/> NEVER <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>July</u> DAY <u>27</u> YEAR <u>1873</u>		8. AGE YEARS <u>78</u> MONTHS <u>7</u> DAYS <u>13</u>
	9. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>U.S.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
DATA 6	14A. FATHER'S NAME <u>Tom Rogio</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Poland</u>		15A. MOTHER'S MAIDEN NAME <u>Anna Kuprowicz</u>
	16. INFORMANT'S SIGNATURE <u>Mrs. Estelle M. Steel</u>		17. DATE OF DEATH MONTH <u>March</u> DAY <u>12</u> YEAR <u>1952</u>		18. CAUSE OF DEATH DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <u>Cardiac Decompensation</u>
CAUSE OF DEATH ITEM 18)	19. DATE OF OPERATION		19A. MAJOR FINDINGS OF OPERATION		19B. DATE OF OPERATION
	20. ACCIDENT SUICIDE HOMICIDE		20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
MEDICAL CORONER'S CERTIFICATION	21A. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct 1</u> 19 <u>51</u> TO <u>March 12</u> 19 <u>52</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>March 12</u> 19 <u>52</u> THAT DEATH OCCURRED AT <u>12:45</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. SIGNATURE <u>Arsona D. Grayton, M.D.</u>		23B. ADDRESS <u>Arsona D. Grayton, M.D., Maricopa, Ariz.</u>
GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>Mar 19 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Graves Cemetery</u>
	25. DATE REC'D BY LOCAL REG. <u>April 3 1952</u>		26. REGISTRAR'S SIGNATURE <u>Nelson R. Grayton</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Maricopa Ariz.</u>
27. ENCL'S SIGNATURE <u>W. H. ...</u>		28. ENCL'S SIGNATURE <u>W. H. ...</u>		29. DATE SIGNED <u>2-7-52</u>	CERT. NO. <u>2478</u>