ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 9

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

1. PLACE OF DEATH
A. COUNTY: Apache
B. LENGTH OF STAY — IN THIS TOWN: 3 Yrs; IN ARIZONA: 40 Yrs
C. CITY OR TOWN: Highway 666 ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 12 Mi. South Sanders

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN: Eagar ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Main Street No number

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Abiff B. (MIDDLE) None C. (LAST) Martin

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Edith Leona Martin
7. DATE OF BIRTH — MONTH: Aug. DAY: 6 YEAR: 14
8. AGE (IN YEARS LAST BIRTHDAY): 40 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Mechanic
9B. KIND OF BUSINESS OR INDUSTRY: Saw Mill
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): World War 2
13. SOCIAL SECURITY NO.: 527-07-0440
14A. FATHER'S NAME: Robert M. Martin
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Leona Rogers
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Robert M. Martin ADDRESS: Gallup, New Mexico
17. DATE OF DEATH (MONTH) January (DAY) 9 (YEAR) 1955

18. CAUSE OF DEATH — ENTER ONE CAUSE PER LINE FOR (A), (B), (C). ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) AUTOMOBILE ACCIDENT
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) U.S. HIGHWAY 666 12 MILES SOUTH OF SANDERS ARIZONA
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE)
22B. ADDRESS
22C. DATE SIGNED

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): AUTOMOBILE ACCIDENT
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): U.S. HIGHWAY 666 12 MI. SOUTH OF SANDERS
23C. (CITY OR TOWN) (COUNTY) (STATE): 12 MILES SOUTH OF SANDERS ARIZ.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): JAN-9-55 12:00 A.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? PICKUP TRUCK ROLLED OVER DECEASED

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Douglas C. Norris - Coroner
24B. ADDRESS: CHAMBERS ARIZONA
24C. DATE SIGNED: 1-9-55

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Jan. 9, 1955
25C. NAME OF CEMETERY OR CREMATORY: Eagar Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Eagar, Arizona
26A. DATE REC. BY LOCAL REG.: 1-13-55
26B. REGISTRAR'S SIGNATURE: Douglas C. Norris
27A. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Metz
27B. ADDRESS: Springerville, Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70365