

CERTIFICATE OF DEATH

REGISTRAR'S NO. 24

BIRTH NO. 8550

PLACE OF DEATH AND USUAL RESIDENCE 04/02	1. PLACE OF DEATH A. COUNTY <b>Gila</b>	B. LENGTH OF STAY IN THIS TOWN <b>Life</b> IN ARIZONA <b>Life</b>	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
	C. CITY OR TOWN <b>Miami</b>	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Miami-Inspiration Hospital</b>	D. STREET ADDRESS <b>63 Miami Ave.</b>	(IF RURAL, GIVE LOCATION)

DECEDENT PERSONAL DATA 755	3. NAME OF DECEASED (TYPE OR PRINT) <b>Matilda Martin</b>	A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX <b>Fem.</b>	5. COLOR OR RACE <b>Indian</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>
	6B. NAME OF SPOUSE <b>None</b>	7. DATE OF BIRTH MONTH <b>Apr.</b> DAY <b>14</b> YEAR <b>1955</b>	8. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS <b>3</b> DAYS <b>15</b>	IF UNDER 24 HRS. HOURS <b></b> MIN. <b></b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Infant</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>None</b>		
	14A. FATHER'S NAME <b>Ernest Martin</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	15A. MOTHER'S MAIDEN NAME <b>Martha Galson</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>			

16. INFORMANT'S SIGNATURE <i>Ernest Martin Miami, Ariz</i>	ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>July 29, 1955</b>
---	---------	--

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <b>3770</b>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) <b>Dysentery</b>	DUE TO (B)	DUE TO (C)
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>7/29/55</b> , 19 <b>55</b> , TO <b>7/30/55</b> , 19 <b>55</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>7/29/55</b> , 19 <b>55</b> , AND THAT DEATH OCCURRED AT <b>10:30 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
	22A. SIGNATURE (DEGREE OR TITLE) <i>[Signature]</i>	22B. ADDRESS <b>Miami, Arizona.</b>

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
-------------------------	--------------------------	--------------	------------------

FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE <b>July 31, 1955</b>	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>San Carlos, Arizona.</b>
	26A. DATE REC. BY LOCAL REG. <b>Aug 9 55</b>	26B. REGISTRAR'S SIGNATURE <i>Valdon D Brayton</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	27B. ADDRESS <i>[Signature]</i>