

CERTIFICATE OF DEATH

REGISTRAR'S NO. 392

Punching  
1 AND 66  
0201  
4  
3  
PERSONAL DATA 175  
356  
9040  
CAUSE OF DEATH (ITEM 18)  
OPERATIONS, AUTOPSY  
MEDICAL CERTIFICATION  
DEATH DUE TO EXTERNAL VIOLENCE  
CORONER'S CERTIFICATIONS  
FUNERAL DIRECTOR AND REGISTRAR  
141

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>4 days</u> IN ARIZONA <u>41 yr</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>				
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS		C. CITY OR TOWN <u>Hayden</u>		<input type="checkbox"/> IN CITY LIMITS				
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS <u>P.O. Box 1391</u>		(IF RURAL, GIVE LOCATION)				
3. NAME OF DECEASED (TYPE OR PRINT) <u>Mrs. Manuela M. Martinez</u>			A. (FIRST)		B. (MIDDLE)		C. (LAST)			
4. SEX <u>fe</u>		5. COLOR OR RACE <u>Mex</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>						
6B. NAME OF SPOUSE <u>Stanislaus</u>		7. DATE OF BIRTH MONTH <u>Nov</u> DAY <u>12</u> YEAR <u>1880</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>75</u>		IF UNDER 1 YEAR MONTHS <u>4</u> DAYS <u>8</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>housewife</u>		
9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mexico</u>		11. CITIZEN OF WHAT COUNTRY? <u>Mexico</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no ***</u>		13. SOCIAL SECURITY NO. <u>unknown</u>		
14A. FATHER'S NAME <u>Salvador Mayorad</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		15A. MOTHER'S MAIDEN NAME <u>Juana Vidarascga</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		
16. INFORMANT'S SIGNATURE <u>Salvador Mayorad</u>				ADDRESS <u>Hayden Arizona</u>				17. DATE OF DEATH <u>March 20, 1958</u> at <u>9:15 p.m.</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		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. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				MEDICAL CERTIFICATION (A) <u>Senility</u> DUE TO (B) <u>Fractured hip</u> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3:13</u> <u>3/20/56</u> TO <u>3:20</u> <u>3/20/56</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>3:20</u> <u>3/20/56</u> , AND THAT DEATH OCCURRED AT <u>9:15 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
22A. SIGNATURE <u>Walter O'Brien MD</u>			(DEGREE OR TITLE)			22B. ADDRESS <u>Globe</u>			22C. DATE SIGNED <u>3.21.56</u>	
23A. ACCIDENT (SPECIFY) <u>Accident</u>			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Home</u>			23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Hayden Gila Arizona</u>				
23D. TIME (MONTHS) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Bus Falling</u>					
24A. CORONER'S SIGNATURE <u>Walter O'Brien</u>				24B. ADDRESS <u>Box 811 Globe Arizona</u>			24C. DATE SIGNED <u>3-21-56</u>			
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>March 21, 1956</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Winkleman Cemetery</u>			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Winkleman, Arizona</u>			
26A. DATE REC. BY LOCAL REG. <u>3-22-56</u>		26B. REGISTRAR'S SIGNATURE <u>Manuela Martinez</u>			27A. FUNERAL DIRECTOR'S SIGNATURE <u>Walter O'Brien</u>		27B. ADDRESS <u>Globe, Arizona</u>			