

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)		
A. COUNTY Gila		IN THIS TOWN 15 yrs		IN ARIZONA life		A. STATE Arizona		
C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe		
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 939 N. East St.		D. STREET ADDRESS 939 N. East st.		(IF RURAL, GIVE LOCATION)				
3. NAME OF DECEASED A. (FIRST) Francisco B. (MIDDLE) Martinez C. (LAST) Madril			4. SEX male		5. COLOR OR RACE Mex		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
6B. NAME OF SPOUSE Eva V. Madril		7. DATE OF BIRTH MONTH DAY YEAR Oct 10 1912		8. AGE (IN YEARS LAST BIRTHDAY) 43		IF UNDER 1 YEAR MONTHS DAYS 7 1		
9B. KIND OF BUSINESS OR INDUSTRY copper mining		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Bisbee, Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) unknown		
14A. FATHER'S NAME Serapio Madril		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Isabel Martinez		13. SOCIAL SECURITY NO. 00-18-0809		
16. INFORMANT'S SIGNATURE <i>Eva V. Madril</i> wife ADDRESS <i>Globe, Ariz.</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 11, 1956 at 4:20 p.m.				
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				MEDICAL CERTIFICATION		
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.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B)		DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		I. <i>gunshot wound of head</i>				INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>		
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 <i>embalmed body on May 11 1956</i> AND THAT DEATH OCCURRED AT <i>home</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
22. SIGNATURE <i>William E. Pothopoulos</i>		23. ADDRESS <i>Box 811 Globe Ariz.</i>		24. DATE SIGNED <i>5-11-56</i>				
25A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <i>suicide</i>		25B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>home</i>		25C. (CITY OR TOWN) (COUNTY) (STATE) <i>Globe Globe Ariz.</i>				
29D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>May 11 1956 4³⁰ M</i>		23E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <i>gun shot wounds self inflicted</i>				
24A. CORONER'S SIGNATURE <i>John J. Smith</i>				24B. ADDRESS <i>Box 811 Globe Ariz.</i>		24C. DATE SIGNED <i>5-14-56</i>		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE May 14, 1956		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery Sect 16 lot 63		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.		
26A. DATE REC. BY LOCAL REG. <i>5-14-56</i>		26B. REGISTRAR'S SIGNATURE <i>Doree Vasquez</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Smith</i>		27B. ADDRESS <i>Globe, Arizona.</i>		

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OF DEATH AND RESIDENCE

PRECEDENT PERSONAL DATA

CAUSE OF DEATH ITEM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

DRONER'S CERTIFICATIONS

FUNERAL DIRECTOR AND REGISTRAR