

CERTIFICATE OF DEATH

REGISTRAR'S NO. 13

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Gila</u>	B. LENGTH OF STAY IN THIS TOWN <input checked="" type="checkbox"/> IN ARIZONA <input checked="" type="checkbox"/> UNKNOWN UNKNOWN		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>Hayden</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home San Pedro Area</u>		
	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>San Pedro Area</u>		

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Pascual</u> B. (MIDDLE) <u>R.</u> C. (LAST) <u>Martinez</u>	4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>
6B. NAME OF SPOUSE <u>Maria Vega Martinez</u>	7. DATE OF BIRTH MONTH <u>May</u> DAY <u>17</u> YEAR <u>1892</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>65</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Smelter Worker</u>

9B. KIND OF BUSINESS OR INDUSTRY <u>None</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>526-07-5142</u>
14A. FATHER'S NAME <u>Unknown</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Julia Rivera</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	
16. INFORMANT'S SIGNATURE <u>Julio Martinez (son)</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 14 1957</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‡ (A) <u>Bronchial Pneumonia</u>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>1 Week</u>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)			
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (C)			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 9, 1957 TO June 14, 1957, THAT I LAST SAW THE DECEASED LIVE ON June 13, 1957, AND THAT DEATH OCCURRED AT 6:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <u>Charles H. Huddles</u>	22B. ADDRESS <u>Hayden Ariz</u>	22C. DATE SIGNED <u>6-14-57</u>
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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)
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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?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>June 17-1957</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Winckelman Arizona</u>
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26A. DATE REC. BY LOCAL REG. <u>6-15-57</u>	26B. REGISTRAR'S SIGNATURE <u>W. R. Kane</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Byron W. Siffert</u>	27B. ADDRESS <u>Hayden Arizona</u>
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1 OF DEATH AND RESIDENCE  
CEDENT 3  
PERSONAL DATA 705  
8  
657  
491X  
OF DEATH (EM 18)  
RATIONS, AUTOPSY  
MEDICAL CERTIFICATION  
DEATH DUE TO EXTERNAL VIOLENCE  
CORONER'S CERTIFICATION  
FUNERAL DIRECTOR AND REGISTRAR