

CERTIFICATE OF DEATH

REGISTRAR'S NO. 677

1 OF DEATH AND X RESIDENCE 201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 18 days 18 days		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE California B. COUNTY unknown	
	C. CITY OR TOWN Globe		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Escondido <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS 1016 E. 4th ave	
EDENT SONAL ATA 182 758	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Pedro B. (MIDDLE) Martinez C. (LAST)			4. SEX male	B. COLOR OR RACE Mex	8A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
	5B. NAME OF SPOUSE unknown		7. DATE OF BIRTH MONTH DAY YEAR June 29 1878	B. AGE (IN YEARS LAST BIRTHDAY) 82	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 0 10 25 25	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) laborer
	9B. KIND OF BUSINESS OR INDUSTRY laborer	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Zacatecas, Mexico	11. CITIZEN OF WHAT COUNTRY unknown	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) ---	13. SOCIAL SECURITY NO. unknown	
163X USE OF BATH 0 M 18)	14A. FATHER'S NAME Francisco Martinez		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Maria Campos		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
	16. INFORMANT'S SIGNATURE (daughter) <i>Rosita Martinez</i> ADDRESS <i>Rosita Martinez, 1212 S. 1st St., Globe, Ariz.</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 9, 1958 at 3:00 p.m.	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). IF THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, APNEURIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		1. 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.		MEDICAL CERTIFICATION (A) <i>Coronary of Lung</i> DUE TO (B) _____ DUE TO (C) _____	
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 6-21 1958 to 7-9 1958, THAT I LAST SAW THE DECEASED ALIVE ON 7-8 1958, AND THAT DEATH OCCURRED AT 8:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <i>George H. Lish, M.D.</i>		22B. ADDRESS 392 E. Sprague		22C. DATE SIGNED 7-10-58	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
DEATH DUE TO EXTERNAL VIOLENCE	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	
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> (REMOVAL)		25B. DATE July 10, 1958		25C. NAME OF CEMETERY OR CREMATORY Caldwell Funeral Home	
GENERAL DIRECTOR NO STRAR 27-10-58 318	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona.		26A. DATE REC. BY LOCAL REG. 27-10-58		26B. REGISTRAR'S SIGNATURE <i>Steve Hunsley</i>	
	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Wesley Harker</i>		27B. ADDRESS Globe, Arizona.		28A. EMBALMER'S SIGNATURE <i>Wesley Harker</i>	
	28B. EMBALMER'S NO. 1525		FORM VS-2 REV. 3-15-55			