

CERTIFICATE OF DEATH

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY (IN THIS TOWN, IN ARIZONA) 47 yrs 47 yrs	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
		A. STATE Arizona	B. COUNTY Gila
		C. CITY OR TOWN Globe	<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
		D. STREET ADDRESS Buena Vista st. Box 777	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Pilar B. (MIDDLE) - C. (LAST) Martinez	4. SEX male	5. COLOR OR RACE Mex	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) divorced
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7. NAME OF SPOUSE Cerela Charaz	7. DATE OF BIRTH MONTH DAY YEAR Oct 15 1894	8. AGE (IN YEARS LAST BIRTHDAY) 64	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Laborer
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9. KIND OF BUSINESS OR INDUSTRY laborer	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE)	13. SOCIAL SECURITY NO. 26-26-0051
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14A. FATHER'S NAME unknown	14B. BIRTHPLACE (STATE OR COUNTRY) unknown	15A. MOTHER'S MAIDEN NAME unknown	15B. BIRTHPLACE (STATE OR COUNTRY) unknown
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16. INFORMANT'S SIGNATURE Gila County Welfare Department Globe, Ariz.	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov 9, 1958
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT BEAR THE BODE OF BEING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT BEARS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Uremia</u>	DUE TO (B) <u>Chronic Cystitis</u>	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Prostatitis</u> <u>Central-vascular accident</u>	DUE TO (C) <u>Hypertrophic Prostatitis</u>	

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 Oct 14 1958 TO Nov 9 1958. THAT I LAST SAW THE DECEASED ALIVE ON Nov 9 1958, AND THAT DEATH OCCURRED AT 5:30 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <u>William Probst</u>	22B. ADDRESS <u>Globe, Ariz.</u>	22C. DATE SIGNED <u>11-10-58</u>
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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)
23D. TIME (MONTH) (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?

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	25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona
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26A. DATE REC. BY LOCAL REG. 11-13-58	26B. REGISTRAR'S SIGNATURE <u>Gene Handee</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Handee</u>	27B. ADDRESS Globe, Arizona
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28A. DATE REC. BY LOCAL REG. 11-13-58	28B. REGISTRAR'S SIGNATURE <u>Gene Handee</u>	28C. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Handee</u>	28D. ADDRESS Globe, Arizona
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PLACE OF DEATH  
7 AND 19  
RESIDENCE  
0201  
PRECEDENT  
PERSONAL DATA  
X 58  
610 X  
CAUSE OF DEATH  
(ITEM 18)  
OPERATIONS, AUTOPSY  
MEDICAL CERTIFICATION  
DEATH DUE TO EXTERNAL VIOLENCE  
CORONER'S CERTIFICATION  
FUNERAL DIRECTOR AND REGISTRAR

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