

CERTIFICATE OF DEATH

REGISTRAR'S NO. *724*

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <i>Gila</i>		B. LENGTH OF STAY <input checked="" type="checkbox"/> IN THIS TOWN <input checked="" type="checkbox"/> IN ARIZONA <i>2 Wks. 14 Yrs.</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE <i>Arizona</i>	
C. CITY OR TOWN <i>Globe</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		B. COUNTY <i>Gila</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gila General Hospital</i>		D. STREET ADDRESS <i>312 Broad St.</i>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	

3. NAME OF DECEASED (TYPE OR PRINT) <i>Willis A. Martin</i>			4. SEX <i>Male</i>		5. COLOR OR RACE <i>White</i>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Married</i>	
8B. NAME OF SPOUSE <i>Phylena Martin</i>		7. DATE OF BIRTH MONTH <i>10</i> DAY <i>01</i> YEAR <i>1879</i>		8. AGE (IN YEARS LAST BIRTHDAY) <i>79 Yrs.</i>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE) (PROF. OR BUS.) <i>Section Foreman</i>		

9B. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Arkansas</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>		13. SOCIAL SECURITY NO.	
14A. FATHER'S NAME <i>James Martin</i>			14B. BIRTHPLACE (STATE OR COUNTRY) <i>Kentucky</i>		15A. MOTHER'S MAIDEN NAME <i>Unk. Richardson</i>			15B. BIRTHPLACE (STATE OR COUNTRY) <i>Unk.</i>	

16. INFORMANT'S SIGNATURE <i>Willis A. Martin</i>			ADDRESS <i>Globe, Ariz.</i>			17. DATE OF DEATH (MONTH) <i>Dec.</i> (DAY) <i>21,</i> (YEAR) <i>1958</i>	
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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, APNEA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) <i>Coronary Occlusion</i>			
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) <i>Severe Coronary Atherosclerosis</i>			
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C) <i>Cerebral embolism - left hemisphere</i>			

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 <i>Nov 14 58</i> TO <i>Dec 21 58</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>Dec 20 1958</i> , AND THAT DEATH OCCURRED AT <i>11:45 a</i> M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.					
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22A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		22B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		22C. (CITY OR TOWN) (COUNTY) (STATE) <i>Pack 6 Globe Ariz.</i>	
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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 checked="" 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 OR CREMATION (REMOVAL)		25B. DATE <i>12-23-58</i>		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Duncan - Ariz</i>			
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26A. DATE REC. BY LOCAL REG. <i>12-23-58</i>		26B. REGISTRAR'S SIGNATURE <i>James Martin</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>H. J. ...</i>		27B. ADDRESS <i>...</i>			
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28. EMBALMER'S SIGNATURE <i>H. J. ...</i>		28B. EMBALMER'S CERT. NO. <i>2-1111</i>	
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CAUSE OF DEATH (M 18)
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DICAL / ICAION
DEATH DUE TO EXTERNAL VIOLENCE
ONER'S / ICAION
ERAL / CTOR / ND STRAZ
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