4652

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - No. 52

County Registered No. 232

Local Registrar's - No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Gila

District Globe

~~Town~~ ~~or~~ City Globe

No. 780 Maple St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Louis Lamar Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Nov. (Month) 12th (Day) 1921 (Year)

AGE: — yrs. — mos. 2 days | If less than 1 day ..... hrs., or ..... min

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or Country): Globe, Arizona

PARENTS

NAME OF FATHER: Louis Martin

BIRTHPLACE OF FATHER (State or Country): Arizona

MAIDEN NAME OF MOTHER: Armada Hunsaker

BIRTHPLACE OF MOTHER (State or Country): Utah

The Above is True to the Best of My Knowledge.

(Informant) Louis Martin

(Address) Globe, Arizona

PLACE OF BURIAL ~~OR REMOVAL~~: Globe, Ariz.

DATE OF BURIAL ~~OR REMOVAL~~: Nov 14th 1921

UNDERTAKER: J. L. Jones & Son

ADDRESS: Globe, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 14th (Day) 1921 (Year)

I hereby certify that I attended deceased from ..... 192...., to ..... 192.....; that I last saw h..... alive on ..... 192...., and that death occurred on the date stated above at 4 A M. The DISEASE or INJURY causing death was as follows: Multiple cerebral haemorrhages

..... (Duration) ..... yrs. ..... mos. 2 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

..... (Duration) ..... yrs. ..... mos. ..... days

(Signed) R. D. Kennedy

..... 192..... (Address) Globe

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Ariz. ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed Nov 14 1921 B. G. Fiat
Local Registrar.

Filed Dec 5 1921 B. G. Fiat
County Registrar.