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BUREAU OF VITAL STATISTICS — ARIZONA STATE BOARD OF HEALTH — STANDARD CERTIFICATE OF DEATH

State File No. 93

Registered No. 33

1. PLACE OF DEATH

County Gila State

District or Township Globe or Village or

City Globe No. 850 Bailey St., Ward

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

2. FULL NAME Ora Martin

(a) Residence. No. 850 Bailey St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 3/8/26

7. AGE Years Months 1 Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Globe

(State or country) Arizona

PARENTS

10. NAME OF FATHER Jesse E. Martin

11. BIRTHPLACE OF FATHER (city or town)

(State or country) Arizona

12. MAIDEN NAME OF MOTHER Edna Elmer

13. BIRTHPLACE OF MOTHER (city or town)

(State or country) Arizona

14. Informant Joe Martin

(Address) Globe, Ariz

15. Filed 3-31, 26 N. Watson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3/9 1926

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1926 to March 9, 1926, that I last saw her alive on March 9, 1926 and that death occurred, on the date stated above, at 3:30 p.m. The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) T. E. Harper, M. D.

19 (Address) Globe, Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. ~~PLACE OF BURIAL, CREMATION OR~~ REMOVAL: Central, Ariz.

DATE OF BURIAL: 3/10/26

20. UNDERTAKER: [redacted] Funeral Home, [redacted], Mgr.

ADDRESS: Globe, Ariz.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING