

1570

MARGIN RESERVED FOR BINDING
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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise
District 11
Town or city Dragoon

BUREAU OF VITAL STATISTICS

State Index - - - No. 23
County Registrar's - No. _____
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Mary Malinda Martindale called Marilyn
(a) Residence. No. Ranch St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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 Divorced
(Write the word)

6a. If married, widowed, or divorced Divorced
HUSBAND of Charles Quincy Martindale, Ohio
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Aug 21-1850

7. AGE 77 Years Months Days IF LESS than 1 day hrs. or min. 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Millington
(State or Country) Penn.

10. NAME OF FATHER James Henry Moore

11. BIRTHPLACE OF FATHER North Galand
(State or country) _____

12. MAIDEN NAME OF MOTHER Mary Wise

13. BIRTHPLACE OF MOTHER _____
(State or country) Penn.

14. Informant Isabel Coffey
(Address) Dragoon

15. Filed Oct 8 1927 P. E. Broder
Local Registrar.

V. S. No. 1 Filed _____ 19____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1927 to Sept 9, 1927
that I last saw her alive on Sept 9, 1927
and that death occurred, on the date stated above, at 10:4 a. m.
The CAUSE OF DEATH* was as follows:

Septic enteritis
Septic
(duration) _____ yrs. mos. ds.

CONTRIBUTORY (secondary) _____ (duration) _____ yrs. mos. ds.

18. Where was disease contracted at place of death?

Did an operation precede death? No date of _____

Was there an autopsy? No

What test diagnosed diagnosis? _____

Signed P. E. Broder M. D.
19____ (Address) Wilcox

* State the Disease Causing Death, or in death 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, CEMETERY OR ADDRESS Dragoon Ariz DATE OF BURIAL Sept 10 1927

20. UNDERTAKER Frank W. Pittman ADDRESS Wilcox Ariz