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MARGIN RESERVED FOR BINDING. 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.

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

**1. PLACE OF DEATH**  
 County Sila State Arizona State File No. 381  
 District or Township Globe or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Globe No. 619 1/2 South Broad St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

**2. FULL NAME** Archie Martin  
 (a) Residence, No. 619 1/2 South Broad 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 Life mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
<b>3. SEX</b> <u>Male</u>	<b>4. COLOR or RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED or DIVORCED.</b> (Write the word)		<b>16. DATE OF DEATH</b> <u>Jan. 10<sup>th</sup></u> 19 <u>28</u> Month Day Year			
<b>5a. If married, widowed, or divorced</b> HUSBAND of _____ (or) WIFE of _____				<b>17. I HEREBY CERTIFY, That I attended deceased from</b> <u>Dec. 25,</u> 19 <u>27</u> to <u>Jan. 10,</u> 19 <u>28</u> that I last saw <u>him</u> alive on <u>Jan. 6,</u> 19 <u>28</u> and that death occurred, on the date stated above, at <u>6:30 a. m.</u> The CAUSE OF DEATH* was as follows: <u>Prematurity (born at 8<sup>th</sup> month of gestation)</u> (duration) yrs. _____ mos. _____ ds.			
<b>6. DATE OF BIRTH (month, day and year)</b> <u>12/25/27</u>				<b>CONTRIBUTORY (Secondary)</b> (duration) yrs. _____ mos. _____ ds.			
<b>7. AGE</b> Years _____ Months _____ Days <u>17</u> <b>IF LESS than 1 day</b> hrs. _____ or min. _____				<b>18. Where was disease contracted</b> If not at place of death? <u>Globe</u> Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>physical examination</u> (Signed) <u>J. C. Harper</u> M. D. <u>1100</u> 19 <u>28</u> (Address) <u>Globe, Arizona</u>			
<b>8. OCCUPATION OF DECEASED</b> (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 _____				<b>* 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).</b>			
<b>9. BIRTHPLACE (city or town)</b> <u>Globe</u> (State or country) <u>Ariz.</u>				<b>19. PLACE OF BURIAL, CREMATION OR REMOVAL</b> <u>Central, Ariz.</u>			
<b>10. NAME OF FATHER</b> <u>Robert Martin</u>				<b>DATE OF BURIAL</b> <u>1/10/28</u>			
<b>11. BIRTHPLACE OF FATHER</b> <u>Apache County</u> (city or town) _____ (State or country) _____				<b>20. UNDERTAKER</b> <u>Jones Funeral Home</u>			
<b>12. MAIDEN NAME OF MOTHER</b> <u>Janie Shiplet</u>				<b>ADDRESS</b> <u>Globe, Ariz.</u>			
<b>13. BIRTHPLACE OF MOTHER</b> <u>Central</u> (city or town) _____ (State or country) <u>Arizona</u>							
<b>14. Informant</b> <u>Robert Martin</u> (Address) <u>Globe, Ariz.</u>							
<b>15. Filed</b> <u>1/10</u> 19 <u>28</u> <u>G. E. Wythman</u> <u>es</u> Registrar.							