2081

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 128

Registered No. 81

1. PLACE OF DEATH

County Gila State Arizona

District or Township Globe or Village or

City Globe No. 490 North Deveraux St., Ward

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

2. FULL NAME Floyd Kent Martin

(a) Residence. No. 490 North Deveraux 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: Male

4. COLOR or RACE: White

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

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

6. DATE OF BIRTH (month, day and year) May 29 1929

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 At Home

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

(c) Name of employer

9. BIRTHPLACE (city or town) Globe Ariz.

(State or country)

PARENTS

10. NAME OF FATHER Robert Martin

11. BIRTHPLACE OF FATHER Apache County Arizona

(City or town) (State or country)

12. MAIDEN NAME OF MOTHER Jennie Duffett

13. BIRTHPLACE OF MOTHER Safford Arizona

(City or town) (State or country)

14. Informant Robert Martin

(Address) Globe Ariz.

15. Filed 7/10 1929 G. E. Wyhlman Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 21 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 5 19 to 19,

that I last saw h alive on 19,

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute heart failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Cousin 19 (Address)

* 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 Arizona

DATE OF BURIAL 6-21-29

20. UNDERTAKER Jones Funeral Home

ADDRESS Globe, Arizona