

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. Exact statement of OCCUPATION is very important.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

Brayton  
STATE FILE NO. **85**  
REGISTERED NO. **155**

**1. PLACE OF DEATH**  
COUNTY Gila STATE ARIZONA  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Globe NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

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. \_\_\_\_\_  
HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_

**2. FULL NAME** Baby Martinez  
(A) RESIDENCE: NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Infant</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1934</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				I LAST SAW H. _____ ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10 A.</u> M.	
7. AGE YEARS _____ MONTHS _____ DAYS _____ <u>Stillborn</u>		IF LESS THAN 1 DAY, _____ HRS. _____ MIN.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOK-KEEPER, ETC. <u>Stillborn</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		DATE OF ONSET	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Globe Ariz.</u>		13. NAME <u>Joe Martinez</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Grant Co. New Mexico</u>		15. MAIDEN NAME <u>Belia Lopez</u>		NAME OF OPERATION _____ DATE OF _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>		17. INFORMANT (ADDRESS) <u>Pedro Martinez Miami, Arizona</u>		WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>Yes</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Pinal Cemetery</u> DATE <u>Dec. 18, 1934</u>		19. EMBALMER (LICENSE NO. <u>209</u> ) SIGNATURE <u>Walter H. Leale</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
20. FILED <u>Jan 17, 1935</u> REGISTRAR <u>Newcomb</u>		FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami, Ariz.</u>		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
				MANNER OF INJURY _____ NATURE OF INJURY _____	
				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
				IF SO, SPECIFY (SIGNED) <u>Alison D. Brayton</u> M. D. (ADDRESS) <u>Miami</u>	

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION