

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.

**STANDARD CERTIFICATE OF DEATH**      **Arizona State Board of Health**      *Brayton*

BUREAU OF VITAL STATISTICS      STATE FILE NO. **86**

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 131  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
 CITY Globe Gila General Hospital 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. 7 DS. HOW LONG IN U.S. OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME Bella Lopez Martinez HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. Brook Ave. ST. \_\_\_\_\_ WARD. \_\_\_\_\_ Miami, Arizona  
(USUAL PLACE OF ABODE) (IF NOT RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexico</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</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 <u>Joe Martinez</u>				22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Dec 10, 1934</u> TO <u>Dec 17, 1934</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 23, 1917</u>				LAST SAW H. <u>alive</u> ON <u>Dec 17, 1934</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5 P.</u> M.		
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. <u>17</u> <u>10</u> <u>24</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:		DATE OF ONSET
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>			<u>Albucisura</u> <u>of pneumonia</u>		
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>						
MOTHER	13. NAME <u>Juan Lopez</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					
	15. MAIDEN NAME <u>Jolita Mata</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					
17. INFORMANT (ADDRESS) <u>Abondo Lopez</u> <u>Miami, Arizona</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. Cole</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami, Arizona</u>						
20. FILED <u>1/3</u> 19 <u>35</u> <u>Marion B. Suge</u> REGISTRAR						
				NAME OF OPERATION _____ DATE OF _____		
				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>No</u>		
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____						
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>Atson &amp; Brayton</u> M. D. (ADDRESS) <u>Miami, A.</u>						