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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.

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

STATE FILE NO. 30

1. PLACE OF DEATH  
STANDARD CERTIFICATE OF DEATH

COUNTY Apache STATE ARIZONA REGISTERED NO. 2

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Nutrioso 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.

2. FULL NAME Edsil J. Martin HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

(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>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Child</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 25, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>February 16, 1935, to Feb. 24, 1935</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 30, 1935</u>				I LAST SAW HIM ALIVE ON <u>Feb. 24, 1935</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8 a. m.</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>1</u>	DAYS <u>15</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Child</u>				Fertussis 5 weeks	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
12. BIRTHPLACE (CITY OR TOWN) <u>Nutrioso, Arizona</u> (STATE OR COUNTY)						
FATHER	13. NAME <u>Jess B. Martin</u>				NAME OF OPERATION _____ DATE OF _____	
	14. BIRTHPLACE (CITY OR TOWN) <u>Nutrioso</u> (STATE OR COUNTY) <u>Arizona</u>				WHAT TEST CONFIRMED DIAGNOSIS? <u>Symptoms</u> WAS THERE AN AUTOPSY? <u>No</u>	
	15. MAIDEN NAME <u>Edna Elmer</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Nephi Utah</u> (STATE OR COUNTY)				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
	17. INFORMANT <u>Jess B. Martin</u> (ADDRESS) <u>Nutrioso, Arizona</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nutrioso, Arizona</u> DATE <u>Feb. 25, 1935</u>						
19. EMBALMER LICENSE NO. _____ SIGNATURE <u>Marion Lee</u> FUNERAL DIRECTOR <u>Marion Lee</u> ADDRESS _____						
20. FILED <u>Feb 11, 1935</u> <u>Lucinda Wilkins</u> REGISTRAR						
					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> IF SO, SPECIFY _____ (SIGNED) <u>W. B. Beaudine, M. D.</u> (ADDRESS) <u>Alt. Delors, Ariz</u>	

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Broncho-pneumonia  
2 days