

9801

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

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County: Yuma State: ARIZONA State File No. 83  
 Township: \_\_\_\_\_ or Village: \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City: Winkelman No. \_\_\_\_\_ (If death occurred in a hospital or institution give name, 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: Modesto Martinez How long in State when death occurred? 1 yrs. 1 mos. \_\_\_\_\_ ds.  
 (a) Residence: No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR OR RACE: Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single (Write the word)  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year): April 27, 1935  
 7. AGE: Years: 1 Months: 1 Days: \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None  
 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, state or country): Winkelman  
 13. NAME: Modesto Martinez  
 14. BIRTHPLACE (city or town, state or country): Yuma  
 15. MAIDEN NAME: Elvira Corral  
 16. BIRTHPLACE (city or town, state or country): Winkelman  
 17. INFORMANT (Address): Winkelman  
 18. BURIAL, CREMATION, OR REMOVAL Place: Winkelman Date: July 23, 1936  
 19. UNDERTAKER (Address): Winkelman  
 20. Filed: July 23, 1936 Registrar: P. J. Buttons

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 20, 1936  
 22. I HEREBY CERTIFY That I attended deceased from July 20, 1936 to July 20, 1936  
 I last saw him live on July 20, 1936, death is said to have occurred on the date stated above, at 3:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of Onset: \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation: \_\_\_\_\_ Date of: \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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) Charles P. Buttons, M. D.  
 (Address) Yuma, Ariz.