

D. Harris

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

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 82

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 32
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Miami NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME AND NUMBER OF STREET AND NUMBER)

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME AND NUMBER OF STREET AND NUMBER)
IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 3 MOS. _____ DS. _____ HOW LONG IN U. S. IF OF FOREIGN BIRTH YRS. _____ MOS. _____ DS. _____

2. FULL NAME Alfonso Martinez HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. 820 Lincoln St. ST. _____ WARD _____ (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>Child</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 12, 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>April 3-1936</u> , 19 <u> </u> , TO <u>April 12</u> , 19 <u>36</u> I LAST SAW <u>HIM</u> ALIVE ON <u>April 12, 1936</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8 P.</u> M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18, 1930</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Bacterial Pneumonia</u>	
7. AGE	YEARS <u>5</u>	MONTHS <u>10</u>	DAYS _____	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET _____
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Child</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
	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 COUNTY) <u>Mazouzi Arizona</u>					
FATHER	13. NAME <u>Jose Martinez</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>				
MOTHER	15. MAIDEN NAME <u>Refugio Cartagena</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mebcalpa Arizona</u>				
17. INFORMANT (ADDRESS) <u>Dr. Refugio Cartagena, Miami, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Final Cemetery</u> DATE <u>Apr 14, 1936</u>					
19. EMBALMER		LICENSE NO. <u>249-A</u>	SIGNATURE <u>Walter H. Beall</u>		
FUNERAL DIRECTOR		ADDRESS <u>Miles Mortuary Miami, Arizona</u>			
20. FILED <u>May 6, 1936</u> REGISTRAR <u>C. M. Ord</u>					