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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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Gila State ARIZONA State File No. _____
 Township _____ or Village _____ Registered No. 1936-6
 City Hayden No. _____ St. _____ Ward _____
 (If death occurred in a 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 Ramon Martinez How long in State when death occurred? _____ yrs. 9 mos. 16 ds.
 (a) Residence: No. _____ St. _____ Ward _____ (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug 30 1935

7. AGE Years _____ Months 8 Days 16 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) Hayden (state or country) Arizona

13. NAME Ruperto Martinez

14. BIRTHPLACE (city or town) Union de San Antonio (State or country) Arizona

15. MAIDEN NAME Maria Martinez

16. BIRTHPLACE (city or town) Union de San Antonio (State or country) Arizona

17. INFORMANT (Address) Ruperto Martinez Hayden

18. BURIAL, CREMATION, OR REMOVAL Place Winkelman Date May 16 1936

19. UNDERTAKER (Address) P. K. Lutton Winkelman

20. Filed May 16 1936 577 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1936

I HEREBY CERTIFY That I attended deceased from _____ 1936 to _____ 1936

I last saw him alive on May 17 1936 death is said to have occurred on the date stated above, at _____ A.M.

The principal cause of death and related causes of importance were as follows:
Pertussis

Date of Onset 4-1936

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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 H. Hueston M. D.
 (Address) Hayden Ariz