

4267

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

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA STATE FILE NO. 86
TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. _____
CITY Winkelman NO. _____ OR _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET NUMBER) _____ ST. _____ WARD _____
IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. _____ HOW LONG IN U. S. IF FOREIGN BORN _____ YRS. _____ MOS. _____ DS. _____
2. FULL NAME Edouardo Martinez HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. 3 MOS. 9 DS. _____
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____ WARD _____ (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)		21. DATE OF DEATH (MONTH, DAY, YEAR)	<u>June 20, 1936</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		6. DATE OF BIRTH (MONTH, DAY, YEAR)		I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM _____	
6. DATE OF BIRTH (MONTH, DAY, YEAR) <u>March 9, 1936</u>		7. AGE YEARS MONTHS DAYS		I LAST SAW HIM ALIVE ON <u>June 20, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____	
7. AGE YEARS MONTHS DAYS		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>None</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		<u>Diarrhea and enteritis (under 2 years)</u>	
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)		DATE OF ONSET _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		NAME OF OPERATION _____ DATE OF _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Winkelman</u>		13. NAME <u>Modesto Martinez</u>		WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
13. NAME <u>Modesto Martinez</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Arizona</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Arizona</u>		15. MAIDEN NAME <u>Georgia Crabb</u>		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
15. MAIDEN NAME <u>Georgia Crabb</u>		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Arizona</u>		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Arizona</u>		17. INFORMANT (ADDRESS) <u>Winkelman</u>		MANNER OF INJURY _____	
17. INFORMANT (ADDRESS) <u>Winkelman</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winkelman</u> DATE <u>June 22, 1936</u>		NATURE OF INJURY _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winkelman</u> DATE <u>June 22, 1936</u>		19. EMBALMER (ADDRESS) <u>Winkelman</u>		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>	
19. EMBALMER (ADDRESS) <u>Winkelman</u>		20. FILED <u>June 21, 1936</u> REGISTRAR <u>P. J. Hutton</u>		IF SO, SPECIFY (SIGNED) <u>Charles Hutton</u> M. D. (ADDRESS) <u>Winkelman, Ariz.</u>	

10M-10-8-34-REP-GAZ PRINTERY—FORM 3
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION