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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. 75  
TOWNSHIP Claypool OR VILLAGE \_\_\_\_\_ REGISTERED NO. 67  
CITY \_\_\_\_\_

2. FULL NAME Patrick Willy Martin HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. 6 MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
(A) RESIDENCE: NO. 9, Broad St. HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1936

7. AGE YEARS \_\_\_\_\_ MONTHS 6 DAYS \_\_\_\_\_ IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. \_\_\_\_\_ OR \_\_\_\_\_ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. \_\_\_\_\_  
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) Miami  
13. NAME Jose J. Martin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Waltham  
15. MAIDEN NAME Ruby H. Yett  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) St. Louis

MOTHER  
17. INFORMANT (ADDRESS) Jose J. Martin

18. BURIAL, CREMATION, OR REMOVAL PLACE Final DATE \_\_\_\_\_ 19. \_\_\_\_\_

19. EMBALMER LICENSE NO. 172a  
FUNERAL DIRECTOR SIGNATURE W.B. Culver  
Meliss Mortuary  
ADDRESS \_\_\_\_\_

20. FILED Sept. 2, 1936 C. M. Crow  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1936  
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 8-26-36, 19, TO 8-31-36, 19  
I LAST SAW HIM ALIVE ON 8-31-36, 19; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3 9 M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Colitis 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) J. E. Harris M. D.  
(ADDRESS) Miami

100-1-25-36—FORM 2—100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION