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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. 81  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of No. and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 7 mos. 3 ds. How long in U. S. if foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Rose Martinez How long in State when death occurred \_\_\_\_\_ yrs. 7 mos. 8 ds.  
 (a) Residence: No. Hayden, Arizona 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>Mex.</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Mar. 3, 1937</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Mar. 2, 1937</u> , 19____, to <u>Mar. 3, 1937</u> , 19____. I last saw him alive on <u>Mar. 2, 1937</u> , 19____; death is said to have occurred on the date stated above, at <u>6:00 Pm.</u>	
6. DATE OF BIRTH (month, day, and year) <u>July 30 1936</u>				The principal cause of death and related causes of importance were as follows: <u>Broncho Pneumonia</u>	
7. AGE		Years <u>7</u>	Months <u>4</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ <u>None</u>				Date of Onset
	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 _____				Other contributory causes of importance: _____	
12. BIRTHPLACE (city or town) _____ (state or country) <u>Hayden, Arizona</u>					
MOTHER	13. NAME <u>Pasqual Martinez</u>				
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Mex., Mex.</u>				
	15. MAIDEN NAME <u>Maria Vega</u>				
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Son., Mex</u>				
17. INFORMANT <u>Pasqual Martinez</u> (Address) <u>Hayden, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Winkelman, Ariz.</u> Date <u>3-4-37</u> 19____					
19. UNDERTAKER <u>P. L. Hutton</u> (Address) <u>Winkelman, Arizona</u>					
20. Filed <u>March 4</u> 19 <u>37</u> <u>W. D. H. H. H.</u> Registrar					
				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) <u>Charles B. Hutton</u> M.D. (Address) <u>Hayden, Arizona</u>	