

1937

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

STATE FILE NO. 82
REGISTERED NO. 38

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA
 TOWNSHIP _____ OR VILLAGE _____
 CITY Miami NO. 903 Kennedy Drive ST. _____ OR _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Babe Martinez HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
 (A) RESIDENCE: NO. 903 Kennedy ST. _____ WARD _____ HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6 1937

7. AGE YEARS MONTHS 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 Arizona

FATHER 13. NAME Joe Martinez 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Grand County New Mexico

MOTHER 15. MAIDEN NAME Josephina Mendoza 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mt. Call Arizona

17. INFORMANT (ADDRESS) Joe Martinez 903 Kennedy Dr Miami

18. BURIAL, CREMATION, OR REMOVAL PLACE Miami DATE Apr 9 1937

19. EMBALMER } LICENSE NO. _____
 FUNERAL DIRECTOR } SIGNATURE Dr. James Scott
Miss Martinez
 ADDRESS Miami Arizona

20. FILED May 5 1937 REGISTRAR C. M. Crow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1937
 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM _____ TO _____ 19____
 I LAST SAW HIM _____ ON Apr 6 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:30 A.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: _____ DATE OF ONSET _____
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No

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) James P. Dale M. D.
 (ADDRESS) Miami

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION