

2220

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

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 112

1. PLACE OF DEATH

COUNTY Graham STATE ARIZONA REGISTERED NO. 54

TOWNSHIP Solomonville, OR VILLAGE _____

CITY Solomonville, NO. _____ ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

IN CITY OR TOWN WHERE DEATH OCCURRED 9 YRS. 6 MOS. 6 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Winnie Frances Martin HOW LONG IN STATE WHEN DEATH OCCURRED 57 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. Central, Arizona, ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abren Lee Martin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January-15-</u>		
7. AGE <u>78</u>	YEARS _____ MONTHS <u>4</u> DAYS _____	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	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 <u>None</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>		
FATHER	13. NAME <u>James Mengun</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Mengun</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Charles Martin</u> <u>Central, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Central</u> DATE <u>5/16/</u> 19 <u>37</u>		
19. EMBALMER (LICENSE NO. _____) FUNERAL DIRECTOR (SIGNATURE _____) ADDRESS _____		
20. FILED <u>June 9, 1937</u> REGISTRAR (SIGNATURE _____) ADDRESS _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 11th, 1936 TO May 15, 1937

I LAST SAW HER ALIVE ON May 11, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:15 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Chronic Cerebral Stenosis

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Comp Intestinal Nephritis

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. W. Morris M. D. (ADDRESS) Safford, Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION