

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. 1958
 Township _____ or Village _____ Registered No. 2-1928
 City Hayden No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Ricardo Martinez How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. _____ St. _____ Ward _____ (if not resident give city or town and state)
 (Usual place of abode) _____

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 year)		21. DATE OF DEATH (month, day, and year)	<u>Jan 14</u>	19 <u>58</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Maria Andrea</u>		6. DATE OF BIRTH (month, day, and year) <u>Mar 27-1888</u>		I HEREBY CERTIFY, That I attended deceased from <u>Jan 14</u> to <u>Jan 14</u> , 19 <u>58</u> last saw him alive on <u>Jan 10</u> , 19 <u>58</u> ; death is said to have occurred on the date stated above, at <u>7:00</u> A.M.		
7. AGE		Years <u>55</u>	Months <u>5</u>	Days <u>8</u>	The principal cause of death and related causes of importance were as follows: <u>TUBES DORSALIS.</u>	
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.		11. Total time (years) spent in this occupation		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:		
12. BIRTHPLACE (city or town) <u>San Antonio, Texas</u>		13. NAME <u>Ricardo Martinez</u>		Name of generation _____ Date of _____		
13. NAME <u>Ricardo Martinez</u>		14. BIRTHPLACE (city or town) <u>San Antonio, Texas</u>		Was there an autopsy? _____		
14. BIRTHPLACE (city or town) <u>San Antonio, Texas</u>		15. MAIDEN NAME <u>Francisca Gonzalez</u>		23. If death was due to external causes (violence) fill in also the following: _____		
15. MAIDEN NAME <u>Francisca Gonzalez</u>		16. BIRTHPLACE (city or town) <u>San Antonio, Texas</u>		Date of injury _____, 19____		
16. BIRTHPLACE (city or town) <u>San Antonio, Texas</u>		17. INFORMANT (Address) <u>Hayden</u>		Where did injury occur? _____ (Specify city or town, county and State)		
17. INFORMANT (Address) <u>Hayden</u>		18. BURIAL, CREMATION, OR REMOVAL		Specify whether injury occurred in industry, in home, or in public place.		
18. BURIAL, CREMATION, OR REMOVAL		Place <u>Hayden</u> Date <u>Jan 15, 1958</u>		Manner of injury _____		
19. EMBALMER { License No. <u>407</u> Signature _____		20. Filed <u>Jan 14, 1958</u> Registrar <u>Hayden</u>		Nature of injury _____		
20. Filed <u>Jan 14, 1958</u> Registrar <u>Hayden</u>		FUNERAL DIRECTOR <u>P. L. Hutton</u> Address <u>Hayden</u>		24. Was disease or injury in any way related to occupation of deceased? _____		
FUNERAL DIRECTOR <u>P. L. Hutton</u> Address <u>Hayden</u>		24. Was disease or injury in any way related to occupation of deceased? _____		If so, specify _____ M. D.		
24. Was disease or injury in any way related to occupation of deceased? _____		If so, specify _____ M. D.		(Signed) <u>Charles R. Hutton</u> (Address) <u>Hayden</u>		