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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

State File No. ....

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. 20  
 Township Hayden or Village .....  
 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 25 yrs. .... mos. .... ds. How long in U. S. if of foreign birth? 25 yrs. .... mos. .... ds.  
 2. FULL NAME Celestino Martinez How long in State when death occurred? 25 yrs. .... mos. .... ds.  
 (a) Residence: No. Hayden Ariz St. .... Ward. .... (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WID-OWED, DIVORCED, (Write the word) Married  
 6. DATE OF BIRTH (month, day, year) March 1888  
 7. AGE About 50 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. None  
 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) Tlaxcala Mexico (State or Country) .....  
 13. NAME Unknown  
 14. BIRTHPLACE (city or town) Mexico (State or Country) .....  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (city or town) Unknown (State or Country) .....  
 17. INFORMANT (Address) Hayden  
 18. BURIAL, CREMATION, OR REMOVAL Place Hayden Ariz Date Nov 25 1938  
 19. EMBALMER License No. 48 Signature B. H. Hutton  
 FUNERAL DIRECTOR Huntman Ariz Address .....  
 20. Filed 7/27, 1938 W.P.T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1938  
 I HEREBY CERTIFY, That I attended deceased from Nov 23 1938 to Nov 23 1938  
 I saw him alive on Nov 23 1938; death is said to have occurred on the date stated above, at 11:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Pulmonary Nephrosis  
Atrophy  
 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? No  
 If so, specify .....  
 (Signed) Charles H. Hutton M. D.  
 (Address) Hayden