

2785

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. 61
Registered No. 42

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Gila State ARIZONA
Towship Globe or Village _____ or _____
City Globe No. Gila County Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME, street, and number)

Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S. _____ yrs. _____ mos. _____ ds.
How long in state where death occurred? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Maria Martinez de Moreno
(a) Residence: No. Euclid Ave. St. _____ Ward _____
(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) Married

5a. If married, widowed, or divorced
HUSBAND of Mike Moreno
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 1891

7. AGE Years 48 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Douglas
(State or Country) Ariz.

13. NAME Maximiana Martinez

14. BIRTHPLACE (city or town) Mexico
(State or Country) _____

15. MAIDEN NAME Crensensia Castro

16. BIRTHPLACE (city or town) Mexico
(State or Country) _____

17. INFORMANT Mike Moreno
(Address) Globe Ariz.

18. BURIAL ~~Place~~ Globe Cemetery Date May 18, 1939

19. EMBALMER License No. _____ Signature Fred Jones
FUNERAL DIRECTOR License IO-A Signature Fred Jones
Address Globe Arizona

20. Filed May 18, 1939 Registrar Gene Walker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939 to May 16, 1939
I last saw him alive on May 16, 1939; death is said to have occurred on the date stated above, at 6-30 P.m.

The principal cause of death and related causes of importance were as follows: Diabetes Mellitus Date of Onset ?

Other contributory causes of importance: Diabetic gangrene Merio left foot

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) A. D. Kennedy, M. D.
(Address) Globe - Ariz.

Back of Certificate to be used for any Additional Information

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