

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		State File No. <u>3</u>
1. PLACE OF DEATH		BUREAU OF VITAL STATISTICS		
County <u>Apache</u>		State <u>ARIZONA</u>		Registered No. _____
Township _____ or Village <u>McNary</u>		City _____		Ward _____
City _____ No. <u>McNary Hospital</u>		(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. _____ ds.		
2. FULL NAME <u>John Martin</u>		How long in State when death occurred? <u>59</u> yrs. _____ mos. _____ ds.		
(a) Residence: No. <u>Nutrioso, Arizona</u>		St. _____ Ward _____		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Divorced</u>		
6a. If married, widowed, or divorced HUSBAND of <u>Bessie Collins</u> (or) WIFE of _____		21. DATE OF DEATH (month, day, and year) <u>June 14, 1939</u>		
6. DATE OF BIRTH (month, day, and year) <u>Aug. 21, 1879</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>6/13</u> , 19 <u>39</u> to <u>6/14</u> , 19 <u>39</u>		
7. AGE	Years <u>59</u>	Months <u>9</u>	Days <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer-laborer</u>		I last saw him alive on <u>6/13</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>10 p.m.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		The principal cause of death and related causes of importance were as follows:	
	10. Date deceased last worked at this occupation (month and year) <u>June 1939</u>		11. Total time (years) spent in this occupation <u>45</u>	
12. BIRTHPLACE (city or town) <u>Kanab, Utah</u> (State or Country)		Date of Onset		
FATHER	13. NAME <u>Abner C. Martin</u>		<u>Shock</u> <u>6/13/39</u>	
	14. BIRTHPLACE (city or town) (State or Country) <u>Meigs County, Ohio</u>		<u>Internal hemorrhage</u> <u>6/13/39</u>	
MOTHER	15. MAIDEN NAME <u>Winnie Frances Mangum</u>		<u>Hematemesis and Uremia</u> <u>6/14/39</u>	
	16. BIRTHPLACE (city or town) (State or Country) <u>Washington, Utah</u>		Other contributory causes of importance:	
17. INFORMANT <u>Jesse Martin (Brother)</u> (Address) <u>Nutrioso, Arizona</u>		<u>Fracture and dislocation of left pelvis</u> <u>6/13/39</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Nutrioso, Arizona</u> Date <u>6/16</u> , 19 <u>39</u>		Name of operation <u>None</u> Date of _____		
19. EMBALMER { License No. _____ Signature _____		What test confirmed diagnosis? <u>X-Ray</u> Was there an autopsy? <u>No</u>		
FUNERAL DIRECTOR _____ Address _____		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Acc.</u> Date of injury <u>6/13 1939</u>		
20. Filed <u>June 23, 1939</u> <u>Mrs. H. H. Frantz</u> Registrar		Where did injury occur? <u>20 mi. S.W. Springerville, Ariz.</u> <u>Apache Cty.</u> (Specify city or town, county and State)		
		Specify whether injury occurred in industry, in home, or in public place. <u>Industry</u>		
		Manner of injury <u>Struck & crushed by fallen tree</u>		
		Nature of injury <u>Fract. & Disloc. left pelvis</u>		
		24. Was disease or injury in any way related to occupation of deceased? <u>NO</u>		
		If so, specify _____ (Signed) <u>Dr. Orlando M.D.</u> M. D.		
		(Address) <u>Springerville</u>		