

MARGIN RESERVED FOR BINDING
 STANDARD CERTIFICATE OF DEATH—THIS IS A PERMANENT RECORD. Every item of information 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.

73

Arizona State Board of Health
 BUREAU OF VITAL STATISTICS

State File No. _____ Registered No. 13

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township Hayden or Village _____ St. _____ Ward _____
 City _____ (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: 1 yrs. 0 mos. 0 ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred? 1 yrs. _____ mos. _____ ds.

2. FULL NAME Jesus Martinez St. _____ War _____ (if non-resident give city or town and state)
 (a) Residence: No. Hayden, Arizona (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Single

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

6. DATE OF BIRTH (month, day, and year) Dec 24 1938
 7. AGE Years 1 Months 0 Days 0 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. Infant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Hayden, Ariz
 (State or Country)

MOTHER FATHER
 13. NAME Pascual Martinez
 14. BIRTHPLACE (city or town) Orizaba
 (State or Country) Mexico
 15. MAIDEN NAME Maria Vega
 16. BIRTHPLACE (city or town) San Juan de los Rios
 (State or Country) Durango, Mexico

17. INFORMANT (Address) Robert Garcia
Hayden, Ariz.

18. BURIAL, CREMATION, OR REMOVAL
 Place New Kellerman Date 12/25, 1939

19. EMBALMER { License No. _____
 Signature P. J. Sullivan
 FUNERAL DIRECTOR W. H. Sullivan
 Address W. H. Sullivan

20. Filed Dec 25, 1939 Registrar W. H. Sullivan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 24, 1939
 I HEREBY CERTIFY, That I attended deceased from August 1, 1939 to Dec. 24, 1939
 I last saw him alive on Dec. 20, 1939; death is said to have occurred on the date stated above, at 12:00 noon
 The principal cause of death and related causes of importance were as follows:
Embolism (organ or cause not known) Date of Onset 12-24-39
 Other contributory causes of importance: _____

Name of operation none Date of _____
 Was there an autopsy? no
 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 _____ M. D.
 (Signed) John C. Armi
 (Address) Hayden, Ariz.