

1644

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. 86

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township _____ or Village _____
 City Miami 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 26 yrs. _____ mos. _____ ds.
 How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Ralph John Martin How long in State when death occurred? 26 yrs. _____ mos. _____ ds.
 (a) Residence: No Rt. 1, Box 383, Miami St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Divorced			21. DATE OF DEATH (month, day, and year) 1-19, 1940	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 2:15 P.M. The principal cause of death and related causes of importance were as follows: Self-inflicted gun shot wound Other contributory causes of importance: Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) Mar 29, 1898			Date of Onset _____		
7. AGE Years 41 Months 9 Days 20 If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician			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) (State or Country) Ophir Colorado		
13. NAME John Henry Martin		14. BIRTHPLACE (city or town) (State or Country) Cornwall England				
15. MAIDEN NAME Annie Pogro		16. BIRTHPLACE (city or town) (State or Country) St. Joseph Mich.				
17. INFORMANT Lillian Little (Address) Miami, Arizona		18. BURIAL, CREMATION, OR REMOVAL Burial Place Pinal Cem. Date 1-23, 1940				
19. EMBALMER { License No. 242-A Signature John C. Salas		19. FUNERAL DIRECTOR Rita G. Miles Address Miami, Arizona				
20. Filed January, 1940 Nelson D. Braxton Registrar		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) E. O. Cooper Coroner, Miami, Arizona				

5M-1/6/38 Form 3 100% Tax Back of Certificate to be used for any Additional Information