

598

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 84

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 0; In Community 0; In Arizona 0
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits write RURAL)
(d) Street No. 651 Navajo Canyon; (e) If foreign born, in U. S. A. 0 yrs.
3. (a) FULL NAME Barbara Ann Martiney (b) If veteran name war None (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Infant
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife, if alive 0 yrs.
7. Birthdate of deceased Dec. 22, 1940
(Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 0 hrs. 0 min. 0
If less than one day
9. Birthplace Miami Ariz.
(City, town or county) (State or Country)
10. Usual Occupation
11. Industry or Business
Father { 12. Name Frank Martiney
13. Birthplace Los Angeles Calif.
(City, town or county) (State or Country)
Mother { 14. Maiden Name Mary Contreras
15. Birthplace Mexico
(City, town or county) (State or Country)
16. (a) Informant's own signature Frank Martiney
(b) Address Miami Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Parial (c) Date Dec. 23 1940
18. (a) Embalmer's Signature J. May Mills Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.
19. (a) Dec 23 - 40
(Date received local Registrar)
(b) Nelson J. Grayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 22, 1940
TIME (Hour and minute) 8:00 P. M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw her at home and that death occurred on the date and hour stated above.
Immediate cause of death Still Born
Due to Small Presentation
Due to incomplete labor
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. J. Harms M.D.
Address Miami, Arizona Date signed 12-26-40

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.