

1780

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 60

Registrar's No. 60

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 Day; In Community Life 2 mo.; In Arizona Life 2 mo.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)

(d) Street No. 159 Lane St.; (e) If foreign born in U.S.A. no yrs.

3. (a) FULL NAME Betty Joe Martinez (b) If veteran name war no (c) Social Security No. no
(if NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>Mexican</u>	6. (a) Single, married, widowed or divorced <u>Single</u>
6. (b) Name of husband or wife		6. (c) Age of husband or wife, if alive
7. Birthdate of deceased <u>May 7 1941</u> (Month) (Day) (Year)		
8. AGE: Years	Months	Days
<u>--</u>	<u>2</u>	<u>7</u>
If less than one day hrs. min.		
9. Birthplace <u>Globe, Arizona</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>At Home</u>		
11. Industry or Business		
Father	12. Name <u>Domingo L. Martinez</u>	
	13. Birthplace <u>Miami, Arizona</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Hortensia Ozaeta</u>	
	15. Birthplace <u>Globe, Arizona</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Mrs. Hortensia Ozaeta</u>		
(b) Address <u>Globe, Arizona</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Globe Cem.</u> (c) Date <u>7/18/41</u>		
18. (a) Embalmer's Signature <u>Fred H. Jones</u>		
(b) Funeral Director <u>Fred H. Jones</u>		
(c) Address <u>Globe, Arizona</u>		
19. (a) <u>July 30 - 41</u> (Date received local Registrar)		
(b) <u>Jane Tranelle</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 14 1941, 19...; TIME (Hour and minute) PM M.

21. I hereby certify that I attended the deceased from July 11, 1941 to July 14, 1941; that I last saw her alive on July 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute enterocolitis

Due to

Due to

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 J. C. Harper M. D.
Address Globe, Ariz. Date signed 7-26-41

DURATION

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.