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119-170

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

111

State File No. \_\_\_\_\_  
Registrar's No. 107

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

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community \_\_\_\_\_; in Arizona \_\_\_\_\_  
(Specify whether years, months or days)

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

(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) \_\_\_\_\_

3. (a) FULL NAME Carol Wayne Martin (b) If Veteran No (c) If Yes, which country \_\_\_\_\_ (If NONE write the word)  
Social Security No. None

4. Sex Male 5. Color or Race white 6. (a) Single, married, widowed or divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Oct. 28th, 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hrs. 0 min. 0

9. Birthplace Globe Arizona  
(City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

Father { 12. Name C L Martin  
13. Birthplace Payson Arizona  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Pearl Cline  
15. Birthplace Oklahoma  
(City, town or county) (State or Country)

16. (a) Informant's own signature C L Martin  
(b) Address Young Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Young Ariz. Date 10/29 1942

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona

19. (a) November 5, 42  
(Date received local Registrar)

(b) Inez Manuel  
(Registrar's Signature)

26M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 28, 1942  
TIME (Hour and minute) \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 28 1942 to Oct. 28 1942; that I last saw him stillborn Oct. 28 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn due to premature separation of placenta  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION	PHYSICIAN
<u>10 hours.</u>	Underline the cause to which death should be charged statistically

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. F. Harper M. D.  
Address Globe, Arizona Date signed 11-2-42