STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. 68
Registrar's No. 52

1. Place of Death: (a) County Coconino (b) City or Town Flagstaff Rural (If outside city limits also write RURAL) (c) Location San Francisco Peak (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community None-Passing through (Specify whether years, months or days) in Arizona Transient

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

(d) Street No. 34th Bombardment Group, Army Air Base; (e) Citizen of foreign country (yes or No) ; If Yes, which country

3. (a) FULL NAME Keith O. Martin Jr., Flight Officer (b) If Veteran name war Active duty 1943 Social Security No. Unknown (If NONE write the word)

| 4. Sex | 5. Color or Race | 6. (a) Single, married, widowed or divorced |
|---|---|---|
| Male | White | single |

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased July (Month) - 9 (Day) - 1920 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 22 | 7 | 26 | hrs....min.... |

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

10. Usual Occupation Pilot

11. Industry or Business U.S. Army.

Father
12. Name Keith O Martin
13. Birthplace Unknown (City, town or county) (State or Country)

Mother
14. Maiden Name Evelyn Robinson
15. Birthplace Orangeburg, S Carolina (City, town or county) (State or Country)

16. (a) Informant's own signature
(b) Address Sta Hosp, AAFFGS, Kingman, Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Columbia, S.C. (c) Date 3/9 19 43

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Ben Carter Mortuary
(c) Address Kingman, Ariz.

19. (a) May 30, 1943 (Date received local Registrar)
(b) Gertrude Schmidt (Registrar's Signature)

20M 100% Rag 9-19-41

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 5, 1943;
TIME (Hour and minute) Between 1 and 2 A.M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....;
that I last saw h.... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the frontal area of the skull; abrasions of the cheeks and eyes; lacerations of the mouth; fractures of the lower jaw, sternum, right side of pelvis and both legs; laceration of the right buttocks and left thigh.

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy As above

DURATION

PHYSICIAN
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) Accident
(b) Date of occurrence March 5, 1943
(c) Where did injury occur? Flagstaff (City or Town) Coconino (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place; San Francisco Peak (Specify type of place)
While at work? Yes (e) Means of injury Airplane accident

23. Signature Edward Liston
EDWARD LISTON, Capt, MC M. D.
Address Sta Hosp., AAFFGS, Kingman, Arizona Date signed March 6, 1943