

2155

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 112

Registrar's No. 54

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

(d) Length of Stay: In Hospital or Institution 1 2 1/2 days; In Community 33 years; in Arizona 38 yrs
(Specify whether years, months or days)

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

(d) Street No. Payson, Arizona (e) Citizen of foreign country (yes or No) No
If Yes, which country No

3. (a) FULL NAME Cornelia Martin (b) If Veteran name war No (c) Social Security No. No

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>widowed</u>
6. (b) Name of husband or wife <u>Arch Martin</u>		6. (c) Age of husband or wife, if alive <u>No</u> yrs.
7. Birthdate of deceased <u>Feb 9th 1860</u> (Month) (Day) (Year)		
8. AGE: Years <u>83</u>	Months <u>3</u>	Days <u>4</u>
If less than one day hrs. min.		
9. Birthplace <u>Round Mountain Blacc. Co. Texas</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business		
Father	12. Name <u>William H. Harding</u>	
	13. Birthplace <u>unknown</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Cornelia unknown</u>	
	15. Birthplace <u>unknown</u> (City, town or county) (State or Country)	

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 14, 1943
TIME (Hour and minute) 1 A.M.

21. I hereby certify that I attended the deceased from May 11, 1943 to May 14, 1943
that I last saw her alive on May 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage due to
arterio-sclerosis

Due to _____

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

about 20 yrs.

about 20 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature William Harding
(b) Address Superior Ariz. M Martin

17. (a) Burial, Cremation or Removal Removal
(b) Place Globe (c) Date May 16, 1943

18. (a) Embalmer's Signature J. May Martin Jr.
(b) Funeral Director Miles Montgomery
(c) Address Globe Ariz.

19. (a) May 14 - 43
(Date received local Registrar)

(b) James Bravell
(Registrar's Signature)

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 T. C. Harper M. D.
Address Globe, Ariz. Date signed 5-14-43