

2026

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 84

Registrar's No. 27

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 hr; In Community 6 wks; in Arizona 5 mos 3 ds
(Specify whether years, months or days)

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

(d) Street No. Madison City Camp (e) Citizen of foreign country (yes or No) No
If Yes, which country _____

3. (a) FULL NAME Alford Perry Martin (b) If Veteran name war No (c) Social Security No. None

4. Sex Male 5. Color or Race Indian 6. (a) Single, married, widowed or divorced Infant

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

7. Birthdate of deceased Jan 17 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 3 If less than one day
hrs. _____ min. _____

9. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

Father } 12. Name Ernest Martin
13. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)

Mother } 14. Maiden Name Matha Galson
15. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Ernest Martin
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place San Carlos Ariz. (c) Date June 20 1943

18. (a) Embalmer's Signature J. M. ...
(b) Funeral Director Milo Martney
(c) Address Miami Ariz.

19. (a) June 21 1943
(Date received local Registrar)

(b) Leslie D. Drayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 20 1943;
TIME (Hour and minute) 2:00 P. 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 Colitis

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 John Capricci M.D.
Address Miami, Ariz. Date signed 6-21-43

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically