

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 87 /

Registrar's No. 36

1. Place of Death: (a) County DeLa (b) City or Town Miami (c) Location 65 Skyline Trail
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 3 mo; in Arizona 3 mo
(Specify whether years, months or days)

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

(d) Street No. 65 Skyline; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Terecita Martinez (b) If Veteran name war No (c) Social Security No. None

4. Sex Female 5. Color or Race Latin 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 Feb. 11 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 27 If less than one day
hrs. _____ min. _____

9. Birthplace Espanola New Mex.
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business _____

Father } 12. Name M. E. Martinez

13. Birthplace Espanola New Mex.
(City, town or county) (State or Country)

Mother } 14. Maiden Name Benita Aranda

15. Birthplace Park View N.M.
(City, town or county) (State or Country)

16. (a) Informant's own signature R.F. Martinez

(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Dinal (c) Date July 8 1943

18. (a) Embalmer's Signature J. Ney Miles Jr.

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz.

19. (a) July 9 1943
(Date received local Registrar)

(b) Nelson D. Grayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 7 1943
TIME (Hour and minute) 4:00 P. M.

21. I hereby certify that I attended the deceased from July 4 1943 to July 11 1943

that I last saw her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Enteritis

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 Nelson D. Grayton M. D. Address Miami Date signed July 14 1943

DURATION

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically