

818

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 63

Registrar's No. 63

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 day; In Community 1 day; In Arizona 10 mo.
(Specify whether years, months or days)

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

(d) Street No. 153 Lane St (e) If foreign born, in U. S. A. None yrs.

3. (a) FULL NAME Sipriano P. Martiny Jr. (b) If veteran None name war. (c) Social Security No. None
(If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced None
6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive None yrs.

7. Birthdate of deceased Oct 26 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 10 Days 29 if less than one day
hrs. min.

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

10. Usual Occupation None

11. Industry or Business None

12. Name Sipriano P. Martiny
13. Birthplace El Paso Texas
(City, town or county) (State or Country)

14. Maiden Name Eleanor Ybarra
15. Birthplace Miami Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Sipriano P. Martiny Jr.
(b) Address Globe Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal (c) Date Aug 27 1943

18. (a) Embalmer's Signature J. Max Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Globe Ariz.

19. (a) Aug 28 1943 Date received local Registrar
(b) Dean P. Snodgrass Registrar's Signature

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 25 1943
TIME (Hour and minute) 4:00 P.M.

21. I hereby certify that I attended the deceased from Aug 24, 1943 to Aug 25, 1943
that I last saw him alive on Aug 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration and acidosis

Due to vomiting and diarrhea

Due to None

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? (City or Town) (County) (State) None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? None (e) Means of injury None

23. Signature Dean P. Snodgrass M. D.
Address Phoenix Date signed 8-27-43

DURATION
8-19-43
↓
8-25-43

PHYSICIAN
Underline the cause to which death should be charged statistically.