

822

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 89  
Registrar's No. 1-1744

1. Place of Death: (a) County Gila (b) City or Town Hayden (c) Location \_\_\_\_\_  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 25 Years; In Arizona About 45yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Hayden  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) Yes  
If Yes, which country Mexico  
3. (a) FULL NAME Antonio R. Martinez (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. 526-07-3912

4. Sex Male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband Antonia Lopez 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years About 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town or county) Mexico (State or Country)

10. Usual Occupation Miner

11. Industry or Business Copper

12. Name Unknown  
13. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)

14. Maiden Name Unknown  
15. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)

16. (a) Informant's own signature Lopez & meza  
(b) Address Hayden, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Winkelman Ariz (c) Date Jan 3rd, 19 44

18. (a) Embalmer's Signature P. G. Suttou  
(b) Funeral Director P. G. Suttou  
(c) Address Winkelman P.O. Box 97

19. (a) January 3rd, 1944  
(Date received Local Registrar)  
(b) M. P. D. [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Jan. 1, 1944  
TIME (Hour and minute) 1:00 P.M.  
21. I hereby certify that I attended the deceased from Dec. 20, 1943  
to Jan. 1, 1944  
that I last saw h. im alive on Jan 1, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lobar Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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? \_\_\_\_\_ (of Means of injury)  
23. Signature Charles K. [Signature] M. D.  
Address Hayden Date signed 1/2/44