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*Harper*

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 92 ✓

Registrar's No. 15

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

(d) Length of Stay: In Hospital or Institution 3 days; In Community \_\_\_\_\_; in Arizona \_\_\_\_\_  
(Specify whether years, months or days)

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

(d) Street No. Buena Vista (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

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

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

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

8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden Name \_\_\_\_\_

15. Birthplace (City, town or county) (State or Country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Ariz.

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Jan. 19-44 (Date received local Registrar)

(b) Harper (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 13th 1944;  
TIME (Hour and minute) 10:40 PM M.

21. I hereby certify that I attended the deceased from Jan 7, 1944 to Jan 13, 1944;  
that I last saw him alive on Jan 13, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza, complicated by Bronchio-pneumonia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

3 weeks

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? (e) Means of injury \_\_\_\_\_

23. Signature J.S. Harper M. D.

Address Globe, Ariz. Date signed 1-17-44