1403

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 730
Registrar's No.

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

(d) Length of Stay: In Hospital or Institution ; In Community 26 yrs (Specify whether years, months or days) ; in Arizona 26 yrs

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

(d) Street No. ; (e) Citizen of foreign country (yes or No) no If Yes, which country

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

4. Sex male | 5. Color or Race white | 6. (a) Single, married, widowed or divorced ?

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

7. Birthdate of deceased October 13 1873 (Month) (Day) (Year)

8. AGE: Years 70 | Months 2 | Days 27 | If less than one day hrs. min.

9. Birthplace Newman, Douglas Co. Ill. (City, town or county) (State or Country)

10. Usual Occupation Printer, Musician

11. Industry or Business

Father 12. Name Joseph Howard
13. Birthplace Ohio (City, town or county) (State or Country)

Mother 14. Maiden Name Mary Swan
15. Birthplace Indiana (City, town or county) (State or Country)

16. (a) Informant's own signature Delmer B. Howard
(b) Address 736 Olive Ave Long Beach California

17. (a) Burial, Cremation or Removal Removal
(b) Place Yuma, Arizona (c) Date 1/11/44

18. (a) Embalmer's Signature O. C. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) 1/22/1944 (Date received local Registrar)
(b) Myron Gilmore (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month) January (Day) 10, 19 44;
TIME (Hour and minute) ? M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound self inflicted

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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) suicide
(b) Date of occurrence 1/10/44
(c) Where did injury occur? near Aztec (City or Town) Yuma (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home (Specify type of place)
While at work? no (e) Means of injury gunshot wound self inflicted

23. Signature Myron Gilmore (Coroner) M. D.
Address Roll Ariz Date signed 1/22/1944

20M 100% Rag 8-42 B. Co.

County File No. Date Received 1/22/44