

592

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1720
84
State File No. 1121
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location G.C. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 15 days; In Community 24 yrs; in Arizona 24 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 912 1/2 Live Oak St.; (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Joe E. Martiney (b) If Veteran name war no (c) Social Security No. 526-16-4073

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Josephine Martiney 6. (c) Age of husband or wife, if alive Yrs.
7. Birthdate of deceased Dec. 31 1909
(Month) (Day) (Year)
8. AGE: Years 34 Months 9 Days 21 hrs. _____ min. _____
If less than one day

9. Birthplace Gila New Mexico
(City, town or county) (State or Country)
10. Usual Occupation Truck driver
11. Industry or Business Arbitros Mining Co.
Father { 12. Name Pedro E. Martiney
13. Birthplace Member New Mex
(City, town or county) (State or Country)
Mother { 14. Maiden Name Pedilina Elicio
15. Birthplace Montedello New Mex
(City, town or county) (State or Country)

16. (a) Informant's own signature Pedro E. Martiney
(b) Address Miami Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem (c) Date Oct 25 1944
18. (a) Embalmer's Signature J. D. Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.
19. (a) Nov. 6 - 44
(Date received local Registrar)
(b) Josephine Martiney
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 22 1944
TIME (Hour and minute) 6:05 P.M.
21. I hereby certify that I attended the deceased from Oct 22
1943 to Oct 22 1944
that I last saw him alive on Oct 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION months
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 Alexander J. Boase M. D.
Address Ukiah Ariz. Date signed Oct 24 44