

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1477
Registrar's No. 14

1. Place of Death: (a) County Maricopa (b) City or Town Miami (c) Location #2 mouse street
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 7 months; in Arizona 69 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Eden
(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 Lettisha Louisa Martin (b) If Veteran name war _____ (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 John Hyman Martin 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased April 4 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 47 If less than one day hrs. _____ min. _____

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

10. Usual Occupation Housewife

11. Industry or Business _____

Father } 12. Name John
13. Birthplace _____
(City, town or county) (State or Country)

Mother { 14. Maiden Name Made

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

16. (a) Informant's own signature Ara Alberta Baker

(b) Address Miami, P.O. Box 1706

17. (a) Burial, Cremation or Removal Removal

(b) Place Eden Ariz (c) Date Feb. 17 1945

18. (a) Embalmer's Signature J. Reynolds J.

(b) Funeral Director Phillips Mortuary

(c) Address Miami Ariz

19. (a) Feb 17 1945
(Date received local Registrar)

(b) Aaron S. Braylor
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 16, 1945
TIME (Hour and minute) 11:45 P.M.

21. I hereby certify that I attended the deceased from Feb. 6-45
to Feb. 16-45, 1945
that I last saw her alive on Feb. 16-45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Parenchymatous hepatitis
Carcinoma of throat

Due to Myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

DURATION
5 days

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 Carl M. Cron M. D.
Address Miami Arizona Date signed 2-17-45