

45

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **85**

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 **1 1/2 days**; In Community **5 years**; In Arizona **30 years**  
(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. **Euclid St.**; (e) Citizen of foreign country (Yes or No) **Yes**  
If Yes, which country **Mexico**  
3. (a) FULL NAME **Mercedes Martinez** (b) If Veteran name war **No** (c) Social Security No. **83-2-10000**

4. Sex **Male** 5. Race **White** 6. (a) Single, married, widowed or divorced **Widower**  
White  Indian  Negro  Oriental   
6. (b) Name of husband or wife **Apolinaris Dernal** 6. (c) Age of husband or wife, if alive, yrs.  
7. Birthdate of deceased **Sept. 22 1876**  
(Month) (Day) (Year)  
8. AGE: Years **68** Months **10** Days **6** If less than one day hrs. min.

9. Birthplace **Michoacan Mexico**  
(City, town or county) (State or Country)  
10. Usual Occupation **Laborer**

11. Industry or Business  
12. Name **No Record**  
13. Birthplace **No Record**  
(City, town or county) (State or Country)

14. Maiden Name **No Record**  
15. Birthplace **No Record**  
(City, town or county) (State or Country)

16. (a) Informant's own signature **Rev. J. V. Banuelos**  
(b) Address **Globe, Arizona**

17. (a) Burial, Cremation or Removal **Burial**  
(b) Place **Globe, Ariz.** (c) Date **8/2/45**

18. (a) Embalmer's Signature **Fred H. Jones**  
(b) Funeral Director **Fred H. Jones**  
(c) Address **Globe, Arizona**

19. (a) **Aug. 8 1945**  
(Date Received Local Registrar)  
(b) **Dr. J. V. Banuelos**  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **July 28th 1945**  
TIME (Hour and minute) **5:15 PM** M.

21. I hereby certify that I attended the deceased from **July 26 1945**  
to **July 28 1945**  
that I last saw him alive on **July 26 1945**, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Massive Cerebral Hemorrhage**  
Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

DURATION  
**2 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? (Specify means of injury)  
23. Signature **[Signature]** M. D.  
Address **Globe Ariz.** Date signed **Aug 7 1949**