

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **102**
Registrar's No. **50**
3301 Loomis Ave.
(St. & No. (or) Name of Institution)
1 1/2 yrs.
in Arizona
1 1/2 yrs.
Citizen of foreign country (yes or No) **No**
If Yes, which country **Mexico**
Social Security No. **462-16-7813**

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 3301 Loomis Ave.
(If outside city limits also write RURAL) (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)

3. (a) FULL NAME Dolores B. Martinez (b) If Veteran name war No (c) Social Security No. 462-16-7813

4. Sex <u>Male</u>	5. Color or Race <u>Ratin</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Deciderio Madue</u>		6. (c) Age of husband or wife, if alive <u>52</u> yrs.
7. Birthdate of deceased <u>March 7 1890</u> (Month) (Day) (Year)		
8. AGE: Years <u>55</u> Months <u>5</u> Days <u>?</u>	If less than one day hrs. min.	
9. Birthplace <u>Santa Rosalia Canyon Chihuahua</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Laborer</u>		
11. Industry or Business <u>Am Metal Co. - Gila</u>		
Father	12. Name <u>Guadalupe Martinez</u>	
	13. Birthplace <u>Chihuahua Mexico</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Luz Sanchez</u>	
	15. Birthplace <u>Chihuahua Mexico</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>James Martinez</u>		
(b) Address <u>Miami Ariz</u>		
17. (a) Burial, Cremation or Removal <u>Buried</u>		
(b) Place <u>Quil Com.</u>		(c) Date <u>Aug 30 1945</u>
18. (a) Embalmer's Signature <u>J. Meyers</u>		
(b) Funeral Director <u>Wiles Mortuary</u>		
(c) Address <u>Miami Ariz</u>		
19. (a) <u>Aug 30 1945</u> (Date received local Registrar)		
(b) <u>James S. Boyer</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 28, 1945;
TIME (Hour and minute) 7:15 A. M.

21. I hereby certify that I attended the deceased from about June, 1945 to July 15, 1945;
that I last saw h. live alive on July 15, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

DURATION	<u>known 5 months</u>
Other conditions	<u>Diabetic gangrene 3 months</u>

Major findings:
Of operations (Pt refused amputation in June 1945)

Of autopsy in June 1945

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. H. Moore M. D.
Address Miami, Ariz Date signed 8-28-45