

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

87

State File No. _____
Registrar's No. 81
Gila General Hospital
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
(If outside city limits also write RURAL) ; In Community 56 years ; In Arizona 59 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. 337 Euclid St. ; (e) Citizen of foreign country (Yes or No) _____
(If Yes, which country _____)

3. (a) FULL NAME Martin Owens (b) If Veteran name war No (c) Social Security No. _____

4. Sex Male 5. Race White
White Indian Negro Oriental White

6. (a) Single, married, widowed or divorced Single
6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased July 24th 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 23
If less than one day hrs. _____ min. _____

9. Birthplace Ft. Hudson, Texas.
(City, town or county) (State or Country)

10. Usual Occupation Ranch Laborer

11. Industry or Business Cattle Ranch

Father { 12. Name Dalthia Owens
13. Birthplace Kentucky
(City, town or county) (State or Country)

Mother { 14. Maiden Name Missouri Gay
15. Birthplace Arkansas
(City, town or county) (State or Country)

16. (a) Informant's own signature Soc. Sec. Records
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 10/23/45

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

19. (a) Oct. 27-45
(Date received Local Registrar)
(b) Deane Wenzel
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 17th 1945
TIME (Hour and minute) 2:45 AM M.

21. I hereby certify that I attended the deceased from Sept. 1
1945 to Oct. 17 1945
that I last saw h. M alive on Oct. 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

DURATION

about 9 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 Alyander J. Bone M. D.
Address Globe, Ariz. Date signed 10-23-45