

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 28

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location Miami Sea Hosp.
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 12 hrs.; In Community life
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 502 Bowser St (e) Citizen of foreign country or No.
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME Mary Susie Martinez (b) If Veteran name war _____
4. Sex female 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced
6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased February Feb 11 1936
(Month) (Day) (Year)
If less than one day

8. AGE: Years 10 yrs. Months 2 Days 8 hrs. _____ min. _____
9. Birthplace Ruby Ariz. State (City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name Romulo Martinez
13. Birthplace Hermosillo Sonora Mexico (City, town or county) (State or Country)

Mother { 14. Maiden Name Romelia Pizarro Martinez
15. Birthplace Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature Romelia Pizarro Martinez
(b) Address 502 Bowser St.

17. (a) Burial, Cremation or Removal Burial
(b) Place First Cem. (c) Date Apr. 11 1946

18. (a) Embalmer's Signature J. Max Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) April 19 1946 (Date received Local Registrar)
(b) Tresor D. Bowser (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 9, 1946;
TIME (Hour and minute) 3:00 a. M.

21. I hereby certify that I attended the deceased from April 1st, 1946 to April 5, 1946;
that I last saw her alive on Apr. 8, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Tubular Pneumonia

Due to _____
Due to _____

Other conditions (Include pregnancy within three months of death)
Major findings: _____
Of operations _____

Of autopsy _____

DURATION 9 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)

(e) Means of injury _____
While at work? _____

23. Signature M. D. Bowser M. D.
Address Miami Ariz. Date signed 4-9-46