

7245

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 78
Registrar's No. 73

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Co. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 2 yrs; In Arizona
(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)
(d) Street No. 51 Miami Ave.; (e) Citizen of foreign country (Yes or No) _____
3. (a) FULL NAME Mercedes Martinez (b) If Veteran name war No (c) Social Security No. _____

4. Sex Female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Victor Guerra 6. (c) Age of husband or wife, if alive 46 yrs.
7. Birthdate of deceased Sept. 24 1905
(Month) (Day) (Year)
8. AGE: Years 40 Months 8 Days 26 If less than one day hrs. min.
9. Birthplace Glennville Ariz.
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business _____
Father { 12. Name George Martinez
13. Birthplace Spain Mexico
(City, town or county) (State or Country)
Mother { 14. Maiden Name Guerrita Coto
15. Birthplace Glennville Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Susie Hambro
(b) Address Tempe Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place Tempe Ariz. (c) Date June 20 1946
18. (a) Embalmer's Signature W. Miles Mortuary
(b) Funeral Director W. Miles Mortuary
(c) Address Miami Ariz.
19. (a) June 20 - 46
(Date received Local Registrar)
(b) June 19 1946
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) June 20 1946
TIME (Hour and minute) 9:00 A.M.
21. I hereby certify that I attended the deceased from June 18-46
to June 20 1946
that I last saw her alive on June 20 1946
and that death occurred on the date and hour stated above.
Immediate cause of death with coma
Diabetic respiratory
paralysis
Due to Diabetes mellitus
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy none

DURATION Known
3 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) no
(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 Raymond M. Brown M. D.
Address Miami Arizona Date signed 6-20-46