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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 31

Registrar's No. 46

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 1022 Adonis Ave
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 6 mo; In Arizona 6 mo
(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. 1022 Adonis Ave; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME Jerry Delmer Martin (b) If Veteran name war _____ (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Jan ? 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 6 Days ? If less than one day hrs. _____ min. _____

9. Birthplace Miami Ariz
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

12. Name Jerry Martin

13. Birthplace Unknown Oklahoma
(City, town or county) (State or Country)

14. Maiden Name Juanita Barnett

15. Birthplace ? Oklahoma
(City, town or county) (State or Country)

16. (a) Informant's own signature J. E. Kelly

(b) Address Miami Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Final Care (c) Date July 2 1946

18. (a) Embalmer's Signature J. W. Miller Jr.

(b) Funeral Director Miller Mortuary

(c) Address Miami Ariz

19. (a) 7-6-46
(Date received Local Registrar)

(b) Arson A. Brayer
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 2, 1946
TIME (Hour and minute) 2:00 P.M.

21. I hereby certify that I attended the deceased from June 20
1946 to July 2, 1946

that I last saw him alive on July 27, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary atherosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION

17 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? _____ Means of injury _____

23. Signature Arson A. Brayer M.D.
Address Miami Date signed 7-6-46