

4870

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 32

Registrar's No. 83

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

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

(d) Length of Stay: In Hospital or Institution about 17 hrs. In Community  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami  
(If outside city limits also write RURAL)

(d) Street No. Live Oak Apts. Miami, Arizona; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (f) Social Security No. No

3. (a) FULL NAME (Baby Girl) Martinez (b) If Veteran name war No

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Single  
White  Indian  Negro  Oriental  6. (c) Age of husband or wife, if alive.....yrs. \_\_\_\_\_

7. Birthdate of deceased July 14th 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day his 17 min. \_\_\_\_\_

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

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)

14. Maiden Name (Mrs.) Theodora Martinez  
15. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)

16. (a) Informant's own signature Gila County Hosp.

(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Ariz. (c) Date 7/16/46

18. (a) Embalmer's Signature None

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) July 22-46  
(Date received Local Registrar)

(b) Irma Housler  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 14th 1946

TIME (Hour and minute) 9:50 PM M.

21. I hereby certify that I attended the deceased from July 14-46

to July 14-46, 19\_\_\_\_; that I last saw her alive on July 14-46, 19\_\_\_\_;

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

Immediate cause of death Premature birth

Respiratory paralysis

Due to about 2 months gestation

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within three months of death)

Major findings: Of operations none

Of autopsy none

DURATION 17 hrs.

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 Reginald Cronk Date signed 7-22-46

Address Miami Arizona