

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 81
Registrar's No. 80

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location No. 50 East Cedar St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 40 yrs; In Arizona 57 yrs
(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. 19 M rion Canyon; (e) Citizen of foreign country no
(If Yes, which country) (c) Social Security No. none

3. (a) FULL NAME Mrs. Melissa Jane Martin (b) If Veteran name was none

4. Sex <u>fe</u>	5. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Negro <input type="checkbox"/> Oriental	6. (a) Single, married, widowed or divorced <u>widowed</u>
6. (b) Name of husband <u>William B. Martin</u>		6. (c) Age of husband or wife, if alive. * _____ yrs.
7. Birthdate of deceased <u>July 18, 1872</u> (Month) (Day) (Year)		
8. AGE: Years <u>75</u>	Months <u>3</u>	Days <u>3</u>
If less than one day hrs. *** min. ****		
9. Birthplace <u>Meads Branch, Ky.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>housewife</u>		
11. Industry or Business <u>housewife</u>		
Father { 12. Name <u>William Seymore Judd</u>		
13. Birthplace <u>Russell County, Va.</u> (City, town or county) (State or Country)		
Mother { 14. Maiden Name <u>Letitia R. Swann</u>		
15. Birthplace <u>Louisa, Ky.</u> (City, town or county) (State or Country)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 21, 19 47,
TIME (Hour and minute) 11:35 pm. M.

21. I hereby certify that I attended the deceased from 1946 to Oct. 21, 19 47,
that I last saw her alive on Oct 21, 19 47,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Senility

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Red Billings
(b) Address 132 W. Southgate Ave. Phoenix

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery Date Oct 27, 19 47

18. (a) Embalmer's Signature Frank R. Harty
(b) Funeral Director Frank R. Harty
(c) Address 328 S. Hill St. Globe, Ar

19. (a) Oct 22 - 47
(Date received Local Registrar)
(b) Jane Wausell
(Registrar's Signature)

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 Walter M. O'Brien M. D.
Address Globe Ariz Date signed Oct. 22, 1947