

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 828

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 2 months; In Community 20 yrs; In Arizona 38 yrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe  
(If outside city limits also write RURAL)  
(d) Street No. 139 S. High St.; (e) Citizen of foreign country (Yes or No) NO  
If Yes, which country \_\_\_\_\_ (c) Social Security No. none

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

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

6. (b) Name of husband or wife John Martin 6. (c) Age of husband or wife, if alive \* yrs.

7. Birthdate of deceased Nov. 16, 1874  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 22 If less than one day  
hrs. \*\* min. \*\*

9. Birthplace Stithians, Cornwall, England  
(City, town or county) (State or Country)

10. Usual Occupation housewife

11. Industry or Business housewife

Father { 12. Name (unknown) Opie  
13. Birthplace Cornwall, England  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Anne Thomas  
15. Birthplace Cornwall, England  
(City, town or county) (State or Country)

16. (a) Informant's own signature John H. Martin  
(b) Address 139 So. High St. Globe

17. (a) Burial, Cremation or Removal Removal  
(b) Place Duncan Cemetery, Date 2/12/48

18. (a) Embalmer's Signature Frank P. Kelly  
(b) Funeral Director Frank P. Kelly  
(c) Address 328 S. Hill St., Globe, Ariz

19. (a) Feb. 10 - 48  
(Date received Local Registrar)  
(b) Dore Wansell  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 8, 19 48  
TIME (Hour and minute) 12:30 p.m. M.

21. I hereby certify that I attended the deceased from Jan 8, 1948 to Feb 8, 1948  
that I last saw her alive on Feb 7, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to embolism

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

Other conditions (Include pregnancy within three months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION 2 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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter M. O'Connell M. D.  
Address Globe Date signed 2-10-48