

2114

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

6910

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location St. Mary's Hospit
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 Mo's 28 Days; In Community 8 Mo's; In Arizona 45 Yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Copper Creek
(If outside city limits also write RURAL)
(d) Street No. (Local) 2726 York Place (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME Martin E. Tew (b) If veteran name war Spanish Amer (c) Social Security No. _____

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

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

7. Birthdate of deceased February 11 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 0 If less than one day
hrs. _____ min. _____

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

10. Usual Occupation Minning

11. Industry or Business _____

Father { 12. Name Erik Tew
13. Birthplace Norway
(City, town or county) (State or Country)

Mother { 14. Maiden Name No Record
15. Birthplace Norway
(City, town or county) (State or Country)

16. (a) Informant's own signature Personal Records
(b) Address _____

17. (a) Burial, Cremation or Removal Burial
(b) Place Southlawn Cem (c) Date 12/14/48

18. (a) Embalmer's Signatur Richard D. Tappin
(b) Funeral Director Williams Mortuary
(c) Address 737 N. 6th, Ave. Tucson Arizona

19. (a) 12-13-48
(Date received Local Registrar)
(b) Dennis H. Beaton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 11 19 48
TIME (Hour and minute) 8:00 A.M.

21. I hereby certify that I attended the deceased from 12-29-46
19 _____ to Dec. 11, 1948 19 _____
that I last saw h. im alive on December 11, 1948 19 48

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

Immediate cause of death Cancer of the Larynx

Due to _____

Due to _____

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

Major findings: Cancer of Larynx
Of operations _____

Of autopsy _____

DURATION

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 Dennis Beaton
Address 602 N. 4th, Ave. Tucson Date signed 12/13/48