

CERTIFICATE OF DEATH

REGISTRAR'S NO.

92

BIRTH NO.

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OF DEATH  
AND  
201  
RESIDENCE  
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CAUSE  
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1. PLACE OF DEATH A. COUNTRY <b>Gila</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <b>Globe</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <b>Hayden</b>	
C. LENGTH OF STAY IN THIS PLACE (IN RURAL) <b>2 days</b> IN ARIZONA <b>27 yrs</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>P O. Box 1353 Smelter Canyon</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Gila General Hospital</b>		4. SEX <b>fe</b> 5. COLOR OR RACE <b>mex.</b>	
3. NAME OF DECEASED A. (FIRST) <b>Mrs. Maria A. Martinez</b> B. (MIDDLE) C. (LAST)		6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
7. DATE OF BIRTH MONTH <b>Jan</b> DAY <b>17</b> YEAR <b>1898</b>		8. AGE YEARS <b>52</b> MONTHS <b>11</b> DAYS <b>2</b>	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>housewife</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>		13. SOCIAL SECURITY NO. <b>none</b>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Mexico</b>		11. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
14A. FATHER'S NAME (mother) <b>Simona Andrada</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>	
15A. MOTHER'S MAIDEN NAME (father) <b>Cecelia Martinez</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>	
16. INFORMANT'S SIGNATURE <i>Don Ignacio A. Martinez</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Dec. 19, 1950 at 10:30 p.m.</b>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). † THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>18 Dec</b> 19 <b>50</b> TO <b>19 Dec</b> 19 <b>50</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>19 Dec</b> 19 <b>50</b> AND THAT DEATH OCCURRED AT <b>10:30 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE, OR TITLE) <b>N. O. Wheeler</b>	
23B. ADDRESS <b>Globe, Arizona</b>		23C. DATE SIGNED <b>20 Dec '50</b>	
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <b>Dec. 21, 1950</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Mount View Cemetery Winkleman Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Winkleman, Arizona.</b>	
25A. DATE REC'D BY LOCAL REG. <b>12-19-50</b>		25B. REGISTRAR'S SIGNATURE <b>Don Wheeler</b>	
26. FUNERAL DIRECTOR'S SIGNATURE <b>Frank J. Veal</b>		27. EMBALMER'S SIGNATURE <b>Frank J. Veal</b>	
ADDRESS <b>Globe, Ariz.</b>		CERT. NO. <b>248-A.</b>	