

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1

Dr. Bishop.  
04  
19  
19  
AND  
0201  
L RESIDENCE  
5

1  
CEDENT  
PERSONAL  
DATA 173  
4  
V50

CAUSE  
OF  
DEATH 0  
EM 18) 0

ATIONS,  
TOPY 2  
EATH  
JE TO  
ERNAL  
ILENCE

DICAL  
RNER'S  
ICATION

ERAL  
ECTOR 17  
ND  
STRAR 2

1-10-51

FORM VS 2 REV. 4-49 15M

1. PLACE OF DEATH A. COUNTY <i>Lila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Lila</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <i>Glendale</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <i>Glendale</i>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>2 mos. 67 yr.</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>205 Eucalyptus</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION) <i>Lila Co. Hospital</i>			
3. NAME OF DECEASED A. (FIRST) <i>Christopher</i> B. (MIDDLE) <i>Columbus</i> C. (LAST) <i>Martin</i>			5. COLOR OR RACE <i>White</i>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Nov.</i> DAY <i>7</i> YEAR <i>1877</i>	8. AGE YEARS <i>73</i> MONTHS <i>1</i> DAYS <i>17</i>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Rancher</i>		9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Rancher</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>Cable</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Oklahoma</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>		13. SOCIAL SECURITY NO. <i>None</i>	
14A. FATHER'S NAME <i>E. H. Martin</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ky.</i>	15A. MOTHER'S MAIDEN NAME <i>Clairinda Markham</i>
15B. BIRTHPLACE (STATE OR COUNTRY) <i>Tenn.</i>		16. INFORMANT'S SIGNATURE <i>John H. Martin</i>	
17. DATE OF DEATH (MONTH) <i>Dec.</i> (DAY) <i>24</i> (YEAR) <i>1950</i>			
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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <i>Generalized Arteriosclerosis</i> 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 checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		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) 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 <i>Dec 17 50</i> TO <i>Dec 24 50</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Dec 24</i> , 19 <i>50</i> AND THAT DEATH OCCURRED AT <i>2:20 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>William E. Bishop M.D.</i>		23B. ADDRESS <i>Glendale Arizona</i>	23C. DATE SIGNED <i>Jan 6, 1951</i>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Dec. 26, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinel Cemetery</i>
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>		25A. DATE REC'D BY LOCAL REG. <i>1-10-51</i>	
25B. REGISTRAR'S SIGNATURE <i>Gene Wauson</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>T. May Mc...</i>	
27. EMBALMER'S SIGNATURE <i>T. May Mc...</i>		ADDRESS <i>Miami Ariz.</i> CERT. NO. <i>244A</i>	