

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

4 OF DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Hayden</i> <i>Gila County</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <i>Hayden</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Hayden</i>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Hayden</i>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>39 years 39 years</i>			

3 IDENT ONAL ITA/49 8 257	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Manuel</i> B. (MIDDLE) <i>Romero</i> C. (LAST) <i>Martinez</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
	6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED)		7. DATE OF BIRTH MONTH <i>Dec</i> DAY <i>25</i> YEAR <i>1904</i>		8. AGE YEARS <i>45</i> MONTHS <i>1</i> DAYS <i>30</i>
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>mechanic</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>526-03-4413</i>
	9B. KIND OF BUSINESS OR INDUSTRY <i>Smoker</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S. Mex</i>
14A. FATHER'S NAME <i>Roberto Martinez</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		15A. MOTHER'S MAIDEN NAME <i>?</i>	
16. INFORMANT'S SIGNATURE <i>Manuel C. Martinez</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>February 16th 1951</i>		

163X USE OF ATH A 18)	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, ASTHENIA, 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>Carcinoma of lung</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) <i>—</i>		
	DUE TO (c) <i>—</i>		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Anemia malnutritiva</i>		
	PLACE DISEASE CONTRACTED.				

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 *July 5, 1950* TO *Feb 16, 1951*. THAT I LAST SAW THE DECEASED ALIVE ON *Feb 15, 1951*. AND THAT DEATH OCCURRED AT *9:30 AM*. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) <i>Thomas A. Brady M.D.</i>	23B. ADDRESS <i>Hayden Ariz</i>	23C. DATE SIGNED <i>Feb 16/51</i>
---	------------------------------------	--------------------------------------

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>Feb 17, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mountain View</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Wickenburg, Arizona</i>
25A. DATE REC'D BY LOCAL REG. <i>Feb 16, 1951</i>	25B. REGISTRAR'S SIGNATURE <i>M. P. Dack</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Lee C. Yarnum</i>	27. EMBALMER'S SIGNATURE <i>Lee C. Yarnum</i>
			CERT. NO. <i>306</i>

44338