

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

50

04 04 OF DEATH AND 20125 RESIDENCE 6	1. PLACE OF DEATH		2. USUAL RESIDENCE	
	A. COUNTY <i>Gila</i>		A. STATE <i>Ariz.</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <i>Globe</i>)		B. COUNTY <i>Gila</i>	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>0</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Gila General Hospital</i>				
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>673 Davis Care</i>				

31 EDENT SONAL DATA 4/15 0 751 7615 AUSE OF BIRTH (M 18) 0	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE
	A. (FIRST) <i>Joe</i>			B. (MIDDLE)	C. (LAST) <i>Martinez</i>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH	
	7. DATE OF BIRTH MONTH <i>July</i> DAY <i>4</i> YEAR <i>1951</i>			8. AGE YEARS <i>0</i> MONTHS <i>0</i> DAYS <i>15</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Globe Ariz.</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>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>none</i>	
14A. FATHER'S NAME <i>Joe O. Martinez</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>New Mex.</i>		15A. MOTHER'S MAIDEN NAME <i>Mary Placer</i>	
16. INFORMANT'S SIGNATURE <i>Jose O. Martinez</i>		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>July 4 1951</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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Vasomotor Collapse</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 minute</i>
	2. ANTECEDENT CAUSES. MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) <i>Prematurity</i>		
	3. DUE TO (c) <i>Placenta Previa</i>		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS, TUPSY 2 BIRTH TO FERNAL LLENCE +	19A. DATE OF OPERATION <i>7/4/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Caesarian Section because of placenta previa</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	24A. 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) (MIN) (SEC) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

MEDICAL PRONER'S IICATION 1	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>7-4-51</i> 19 <i>51</i> TO <i>7-4-51</i> 19 <i>51</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>7-4-51</i> 19 <i>51</i> AND THAT DEATH OCCURRED AT <i>11:30 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE (DEGREE OR TITLE) <i>Dr. Gallegos MD</i>		23B. ADDRESS <i>Box 623 Miami Ariz.</i>		23C. DATE SIGNED <i>7-7-51</i>

BURIAL CTOR ND ITRAR 17 2 7-9-51	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>July 5, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Point Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
	25A. DATE REC'D BY LOCAL REG. <i>7-9-51</i>	25B. REGISTRAR'S SIGNATURE <i>Frene Wauslee</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>J. May</i>
	27. EMBALMER'S SIGNATURE <i>J. May</i>		CERT. NO. <i>2448</i>	