

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 61

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CE OF DEATH 19
AND
0201
AL RESIDENCE
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1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Globe)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Globe	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 4 mths 40yrs			
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) Gila County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 341 Euclid ave	

3
DECEDENT
PERSONAL
DATA 166
8
827

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Andres B. (MIDDLE) --- C. (LAST) Martinez			4. SEX Male	5. COLOR OR RACE Mex
6. MARRIED - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Nov DAY 10 YEAR 1884	8. AGE YEARS 66 MONTHS 9 DAYS 10	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). laborer	9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). laborer
9B. KIND OF BUSINESS OR INDUSTRY laborer	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Santa Rosalia, Mex.	11. CITIZEN OF WHAT COUNTRY? Mex. Mex. ✓	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no ***	13. SOCIAL SECURITY NO. unknown
14A. FATHER'S NAME unknown Martinez	14B. BIRTHPLACE (STATE OR COUNTRY) unknown	15A. MOTHER'S MAIDEN NAME Marina Subia Martinez	15B. BIRTHPLACE (STATE OR COUNTRY) unknown	
16. INFORMANT'S SIGNATURE Gila County Welfare Bad, Globe, Arizona.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 20, 1951 10p.m.		

CAUSE OF DEATH (ITEM 18)
3317
0
0

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.	RECURRENT MEDICAL CERTIFICATION Recurrent Cerebral Accident. Hemiplegia R		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) 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.			

OPERATIONS, AUTOPSY
DEATH DUE TO EXTERNAL VIOLENCE
MEDICAL CORONER'S CERTIFICATION

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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 20 1951 TO Aug 20 1951 THAT I LAST SAW THE DECEASED ALIVE ON Aug 20 1951 AND THAT DEATH OCCURRED AT 10:00 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE A. M. M. M.	(DEGREE OR TITLE)	23B. ADDRESS 207 Oak St. Globe, Ariz.	23C. DATE SIGNED 8/20-51

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Aug 24, 1951	24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.
25A. DATE REC'D BY LOCAL REG. 8-21-51	25B. REGISTRAR'S SIGNATURE Drew Havelly	26. FUNERAL DIRECTOR'S SIGNATURE Jose James Wacker	ADDRESS Globe, Arizona
		27. EMBALMER'S SIGNATURE Jose James Wacker	CERT. NO. #323