

CERTIFICATE OF DEATH

REGISTRAR'S NO. **39**

1 OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Dice</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED.) A. STATE <u>Arizona</u> B. COUNTY <u>Dice</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Miami (Rural)</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Miami (Rural)</u>		
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>36 yrs 36 yrs</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>45 Hill St. (Miami Rural)</u>		
2 EDENT	3. NAME OF DECEASED A. (FIRST) <u>Eliza Jane</u> B. (MIDDLE) <u>Martyn</u> C. (LAST) <u>Martyn</u>			4. SEX <u>Female</u>	
	5. COLOR OR RACE <u>White</u>				
3 SONAL DATA	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>9</u> YEAR <u>1889</u>		
	8. B. AGE YEARS MONTHS DAYS <u>62 0 15</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Domestic</u>		
4 951	9B. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>England</u>		
	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN); (IF YES, WAR OR DATES OF SERVICE) <u>no</u>		
5 7950	13. SOCIAL SECURITY NO. <u>None</u>		14A. FATHER'S NAME <u>Alfred P. Solomon</u>		
	14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>		15A. MOTHER'S MAIDEN NAME <u>Mary Jane Dunne</u>		
6 EATH EM 18)	15B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>		16. INFORMANT'S SIGNATURE <u>Robert E. Martyn</u>		
	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Sept 24, 1951</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>D.O.A.</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STAT- ING THE UNDERLYING CAUSE LAST. <u>Probable Cerebral Thromboses or</u> DUE TO (C) <u>Coronary Occlusion</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
7 ATIONS, TOPY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
8 EATH UE TO TERNAL LENCE	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)				
9 EDICAL ORNER'S IFICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
	21F. HOW DID INJURY OCCUR?				
10 NERAL ECTOR AND ISTRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9/24/51</u> TO <u>9/24/51</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>9/24/51</u> AND THAT DEATH OCCURRED AT <u>7:50 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED <u>9/27/51</u>		
	23A. SIGNATURE (DEGREE OR TITLE) <u>Dr. James E. Jones M.D.</u>		23B. ADDRESS <u>Miami, Fla.</u>		
11 31STRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Sept 28, 1951</u>		
	24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>		
25A. DATE REC'D BY LOCAL REG. <u>9/30/51</u>		25B. REGISTRAR'S SIGNATURE <u>Nelson D. Brighton</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Miller</u>	
27. EMBALMER'S SIGNATURE <u>W. J. Gough</u>		28. ADDRESS <u>Miami, Fla.</u>		CERT. NO. <u>2447A</u>	