

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6913

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

4 OF DEATH AND RESIDENCE 97	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 RURAL) OR TOWN San Carlos		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 0 life	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION S.P. Railroad - San Carlos Ind. Res.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN San Carlos	
			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation	

IDENT PERSONAL DATA 744 V 5	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mrs. Maggie B. (MIDDLE) ----- C. (LAST) Nayne			4. SEX fe	5. COLOR OR RACE Indian	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH --- DAY --- YEAR 1907	8. AGE YEARS 44 MONTHS --- DAYS ---	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife		
	9B. KIND OF BUSINESS OR INDUSTRY housewife	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Carlos, Ariz.	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, YEAR OR DATES OF SERVICE) NO	13. SOCIAL SECURITY NO. none	
14A. FATHER'S NAME Claude Martin		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Hilda (Martin) Taylor		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE Ernest Martin (Brother) Miami Ariz.			ADDRESS -----			
			17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 19, 1951 at p.m.			

CAUSE OF DEATH (EM 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 CONTACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Brain concussion	DUE TO (b) Accidentally struck by train		"
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	DUE TO (c)		

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) Accident	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 1/4 mi W San Carlos depot on tracks	21C. (CITY OR TOWN) (COUNTY) (STATE) San Carlos Gila Arizona	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 12 19 1951 4:47pm	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? struck by freight train while walking along right of way	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 19 19 51 AND THAT DEATH OCCURRED AT 4:47pm , FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE Robert E. T. Stark, M.D.	23B. ADDRESS San Carlos, Arizona	23C. DATE SIGNED 12-21-51

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Dec. 28, 1951	24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona.
25A. DATE REC'D BY LOCAL REG. Dec. 21, 1951	25B. REGISTRAR'S SIGNATURE James Randall	25C. FUNERAL DIRECTOR'S SIGNATURE Jose James Wacker ADDRESS Glendale, Arizona CERT. NO. #323	
		25D. ENBALMER'S SIGNATURE Jose James Wacker	