ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 475

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 11

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Navajo
B. LENGTH OF STAY IN THIS TOWN: 13 yrs; IN ARIZONA: 38
C. CITY OR TOWN: Holbrook — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 141 West Florida St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Navajo
C. CITY OR TOWN: Holbrook — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 141 West Florida St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Encarnacion B. (MIDDLE) C. (LAST) Martinez
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH March DAY 25 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 68 yrs; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Lumber Stacker
9B. KIND OF BUSINESS OR INDUSTRY: Nonplus
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY?: Mexico
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: 526-09-6918
14A. FATHER'S NAME: Mucious Martinez
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Cigala, Stefineta
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: J. C. Dear — ADDRESS: Holbrook
17. DATE OF DEATH: (MONTH) 1 (DAY) 3 (YEAR) 53

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 150X
+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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Metastatic carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Ca of Esphagus — 3 yr
DUE TO (C) Unknown
11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 1951 TO Jan 3 1953 THAT I LAST SAW THE DECEASED ALIVE ON Dec 31 1952 AND THAT DEATH OCCURRED AT 3:30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Donald V. DeMarse MD
23B. ADDRESS: Box 397 Holbrook Ariz
23C. DATE SIGNED: 1-4-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 1-6-53
24C. NAME OF CEMETERY OR CREMATORY: Holbrook
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Holbrook
25A. DATE REC'D BY LOCAL REG.: 2-3-53
25B. REGISTRAR'S SIGNATURE: Mary M. Cross
26. FUNERAL DIRECTOR'S SIGNATURE: J. C. Dear — ADDRESS: Holbrook
27. EMBALMER'S SIGNATURE — CERT. NO.: 194

FORM VS 2 REV. 4-15-52