

7571

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

4 33
CE OF DEATH
AND X
AL RESIDENCE
X-

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>2 Days 2 Days</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>California</u> B. COUNTY <u>Los Angeles</u>	
C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Los Angeles</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miami-Superior Highway</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>3110 Garnet St.</u>	

DECEDENT
PERSONAL
DATA
1/28

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Angela</u> B. (MIDDLE) C. (LAST) <u>Martinez</u>			4. SEX <u>Fem.</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
6B. NAME OF SPOUSE <u>Ramon</u>		7. DATE OF BIRTH MONTH DAY YEAR <u>Nov. 8 1924</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>30 Yrs.</u>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	13. SOCIAL SECURITY NO. <u>526-24-8494</u>	
14A. FATHER'S NAME <u>Unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Adela Lopez</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>

CAUSE OF DEATH
ITEM 18

16. INFORMANT'S SIGNATURE <u>George Ramirez</u>		ADDRESS <u>Miami, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Dec. 24, 1954</u>
18. CAUSE OF DEATH ENTER ONLY ONE LINE PER LINE FOR (A), (B), (C). <u>8-2-3-4</u>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>none</u> DUE TO (C) <u>none</u>		2. MEDICAL CERTIFICATION <u>Automobile Accident</u>
PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>

OPERATIONS, AUTOPSY
MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION <u>after death</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>after death</u> , 19 <u>54</u> , TO <u>1954</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Dec 24 1954</u> , AND THAT DEATH OCCURRED AT <u>Miami, Fla</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <u>Nelson D. Drayton</u>	22B. ADDRESS <u>Miami, Fla</u>	22C. DATE SIGNED <u>Dec 30 1954</u>

DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATIONS

23A. ACCIDENT (SPECIFY) <u>Auto accident</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Highway 60-70 - 8 miles west of Miami</u>	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Miami Dade Fla</u>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Dec 24 1954 4 PM</u>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? <u>Car overturned</u>
24A. CORONER'S SIGNATURE <u>John Carpenter</u>	24B. ADDRESS <u>Miami</u>	24C. DATE SIGNED <u>1-3-55</u>

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Dec. 27, 1954</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Final Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>Jan 4 1955</u>	26B. REGISTRAR'S SIGNATURE <u>Nelson D. Drayton</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Nelson D. Drayton</u>	27B. ADDRESS <u>Miami, Fla</u>