ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6932

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 10 yrs. IN ARIZONA: 10 yrs.
C. CITY OR TOWN: Gila Bend ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Home N.E. Gila Bend

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Gila Bend ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS: Home N.E. Gila Bend ½ mi. (IF RURAL, GIVE LOCATION)

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Edgar B. (MIDDLE) Francis C. (LAST) Martin
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Rhea Martin
7. DATE OF BIRTH — MONTH: June DAY: 10 YEAR: 1902
8. AGE (IN YEARS LAST BIRTHDAY): 51 IF UNDER 1 YEAR — MONTHS: 5 DAYS: 17 IF UNDER 24 HRS. — HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY?: U.S.A.
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.:
14A. FATHER'S NAME: Luther Martin
14B. BIRTHPLACE (STATE OR COUNTRY): Alabama
15A. MOTHER'S MAIDEN NAME: Minnie Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: F. Wayne Martin ADDRESS: Gila Bend
17. DATE OF DEATH (MONTH) November (DAY) 27 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). PA 7 X
‡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) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Chronic Fibrosis — 48 hrs.
DUE TO (C) Pulmonary Tuberculosis
11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY): None
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): None
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) None 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. 45 TO Nov. 27, 1953 ALIVE ON Nov. 27, 1953 AND THAT DEATH OCCURRED AT 6:10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. THAT I LAST SAW THE DECEASED
23A. SIGNATURE (DEGREE OR TITLE): Virgil J. Jeffery M.D.
23B. ADDRESS: Gila Bend, Arizona
23C. DATE SIGNED: 27th Nov 1953

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 11/27/53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Buckeye Ariz.
25A. DATE REC'D BY LOCAL REG.: 11/27/53
25B. REGISTRAR'S SIGNATURE: Mary R. Jeffery
26. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Lawley ADDRESS: Buckeye
27. EMBALMER'S SIGNATURE: Paul M. Lawley CERT. NO.: 264A

FORM VS 2 REV. 1-1-53