

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

37

4 04
PLACE OF DEATH
5 AND 25
USUAL RESIDENCE
X-

DECEDENT
PERSONAL
DATA 201

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA Life Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED) IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Gila	
C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 114 Gibson St.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 114 Gibson St.			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mary			B. (MIDDLE) Helen			C. (LAST) Montoya	
4. SEX Fem.		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married			
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 8 DAY 9 YEAR 1955		8. AGE (IN YEARS LAST BIRTHDAY) 1		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Infant	
9B. KIND OF BUSINESS OR INDUSTRY Infant		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
13. SOCIAL SECURITY NO. None		14A. FATHER'S NAME Monico Montoya		14B. BIRTHPLACE (STATE OR COUNTRY) New Mexico		15A. MOTHER'S MAIDEN NAME Maciminana Martinez	
15B. BIRTHPLACE (STATE OR COUNTRY) New Mexico		16. INFORMANT'S SIGNATURE <i>x) Mary Helen Montoya</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 14, 1955	
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. 7/20		I. 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. (A) Transition (B) Inaptitude for life				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION at birth and after death				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM at birth and after death , 19 1955 , TO 1955 , THAT I LAST SAW THE DECEASED ALIVE ON 1955 , AND THAT DEATH OCCURRED AT MIAMI, ARIZONA .							
22A. SIGNATURE <i>Robert D. Grayson M.D.</i>				22B. ADDRESS Miami, Ariz			
22C. DATE SIGNED Sept 15-55							
23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE <i>John Carpenter</i>				24B. ADDRESS Miami - Ariz		24C. DATE SIGNED 9-21-55	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Sept. 15, 1955		25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona	
26A. DATE REC. BY LOCAL REG. Sept 22, 55		26B. REGISTRAR'S SIGNATURE <i>Robert D. Grayson</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>William A. ...</i>		27B. ADDRESS	