

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **8**

11/18/56  
OF DEATH AND RESIDENCE  
1  
CEDENT 3  
PERSONAL DATA 193  
9  
456  
4500  
OF DEATH (EM 18)  
6  
ATIONS, Topsy 2  
MEDICAL CERTIFICATION  
DEATH DUE TO EXTERNAL VIOLENCE  
CORNER'S CERTIFICATION  
GENERAL DIRECTOR AND REGISTRAR  
150

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>34 yrs. 30 yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b>		B. COUNTY <b>Gila</b>	
C. CITY OR TOWN <b>Winkelman</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Winkelman</b>		<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)				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Third and Railroad</b>			
3. NAME OF DECEASED A. (FIRST) <b>Cecilio</b> B. (MIDDLE) <b>Monterde</b> C. (LAST)			4. SEX <b>M</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		
6B. NAME OF SPOUSE <b>Eduvijen</b>		7. DATE OF BIRTH MONTH DAY YEAR <b>Feb. 3 1866</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>93</b>	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) <b>Farmer</b>	
8B. KIND OF BUSI-NESS OR INDUSTRY <b>Farmer</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Spain</b>	11. CITIZEN OF WHAT COUNTRY? <b>Spain</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>		13. SOCIAL SECURITY NO. <b>none</b>	
14A. FATHER'S NAME <b>Miguel Monterde</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Spain</b>	15A. MOTHER'S MAIDEN NAME <b>Unknown</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Spain</b>		
16. INFORMANT'S SIGNATURE <i>Arthur Monterde</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>April 26, 1956</b>			
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>(A) Senility</b> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Nov. 1, 1955</b> , TO <b>Apr. 26, 1956</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>about Apr. 15, 1956</b> , AND THAT DEATH OCCURRED AT <b>6:45 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <i>Charles H. Hunter</i>		(LICENSE OR TITLE)		22B. ADDRESS <i>Hayden Ariz</i>		22C. DATE SIGNED <b>4-27-56</b>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <b>Natural</b>		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 <b>M</b>		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				24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>4-28-56</b>		25C. NAME OF CEMETERY OR CREMATORY <i>Mountain View Cemetery</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Winkelman Arizona</i>	
26A. DATE REC. BY LOCAL REG. <b>4/29/56</b>		26B. REGISTRAR'S SIGNATURE <i>John J. Roberts</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Byron N. Griffith</i>		27B. ADDRESS <i>Hayden Arizona</i>	