

400741

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Greenlee
District Duncan
Town or City Duncan

BUREAU OF VITAL STATISTICS

State Index - - - - No. 159
County Registrar's - - No. 124
Local Registrar's - - - No. 124

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Robert Murray Montgomery Died at
(a) Residence. No. Duncan R# 2 St. Clifton, Arizona
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED. married

16. DATE OF DEATH (month, day, and year) July 15, 1927

5a: If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Lee Montgomery

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1927 to July 15, 1927 that I last saw him alive on July 15, 1927

6. DATE OF BIRTH (month, day and year)

and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH* was as follows:

7. AGE Years Months Days IF LESS than 1 day hrs. or min. 40 2

Hemorrhage of shock.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

(duration) yrs. mos. ds.

9. BIRTHPLACE (city or town) (State or country) Lometa Texas

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

10. NAME OF FATHER Jabr. F. Montgomery

18. Where was disease contracted if not at place of death?

11. BIRTHPLACE OF FATHER (city or town) (State or country) Mississippi

Was there an operation precede death? no Date of

12. MAIDEN NAME OF MOTHER Nancy McLeod

What test confirmed diagnosis? no post test

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

(Signature) J. W. Butler M. D. (Address)

14. Informant (Address)

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

15. Filed 7-22 1927 M. D. Danahan Local Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Duncan, Arizona. DATE OF BURIAL July 17 1927

Filed _____, 19____ County Registrar.

20. UNDERTAKER C. F. Pascoe ADDRESS Clifton,

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.