

574

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Graham State Arizona
District or Township Safford or Village
City Safford No. Morris-Spaul Hospital
2. FULL NAME Barbara Montez
(a) Residence, No. S. Linnell Ave. Ariz. St.
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR or RACE Mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
5a. If married, widowed, or divorced HUSBAND of Jesus Montez (or) WIFE of
6. DATE OF BIRTH (month, day and year) 1875
7. AGE Years 56 Months Unknown Days IF LESS than 1 day or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer
9. BIRTHPLACE (city or town) Chihuahua (State or country) Mexico
10. NAME OF FATHER Jose Burtaldo
11. BIRTHPLACE OF FATHER (city or town) Mexico (State or country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town)
14. Informant Alfred Montez (Address) S. Linnell Ave.
15. Jan-8-31 J. W. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH Dec 26 1931
17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931 to Dec 26, 1931, that I last saw her alive on Dec 26, 1931, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH\* was as follows:
Carcinoid Multilocular cysts of both ovaries.
18. Where was disease contracted if not at place of death? at place of death
Did an operation precede death? Yes Date of Dec 11
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. C. Rawson, M. D.
\* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION OR REMOVAL San Jose, Ariz DATE OF BURIAL Dec 27-31
20. UNDERTAKER W. C. Rawson Safford