2754

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 322

1. PLACE OF DEATH

County Pima State Registered No.

Township or Village

City Ajo, Ariz. No. Roadruce - Ronrad, Ariz. St., Ward or

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Henry Montgomery

(a) Residence: No. Ronrad, Ariz. St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Montgomery

6. DATE OF BIRTH (month, day, and year) Mar 28, 1862

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
71	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Saba Co (State or country) Texas

FATHER

13. NAME Catholice Lehugh Montgomery

14. BIRTHPLACE (city or town) not known (State or country) Kentucky

MOTHER

15. MAIDEN NAME Anna Crookes

16. BIRTHPLACE (city or town) not known (State or country) Kentucky

17. INFORMANT Elmer R. Montgomery (Address) Ronrad Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Ajo, Ariz. Date 11/21, 1933

19. UNDERTAKER Hughes & Spence Undertakers (Address) Ajo, Ariz.

20. Filed Dec. 9, 1933 Katherine Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933, to Nov 18, 1933

I last saw him alive on Nov 18, 1933; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Angina Pectoris	Nov 8, 33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) O. D. Patton, M. D.

(Address) Ajo Ariz

Classified. Enter classification on back of certificate.