

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE shown in plain terms, so that it may be readily understood. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. CA

CERTIFICATE OF DEATH

1. PLACE OF DEATH: CITY Gila STATE ARIZONA REGISTERED NO. 4

2. RELATIONSHIP: Globe OR VILLAGE _____ NO. South Globe ST. _____ WARD _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

3. PLACE OF RESIDENCE: CITY OR TOWN WHERE DEATH OCCURRED 15 YRS. 0 MOS. 0 DS. HOW LONG IN U.S. OF FOREIGN BIRTH? YRS. 0 MOS. 0 DS.

FULL NAME James Alic Montgomery HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. 0 MOS. 0 DS.

(A) RESIDENCE: NO. South Globe (USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1870

7. AGE YEARS 67 MONTHS 1 DAYS 16 IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Retired Cattle-

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Man

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Pueblo (STATE OR COUNTY) Colo.

FATHER: 13. NAME Lee Hugh Montgomery 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY) _____

MOTHER: 15. MAIDEN NAME Ann Kurkendall 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY) _____

17. INFORMANT Lee H. Montgomery (ADDRESS) Globe Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Ariz. DATE Jan. 5, 1938

19. EMBALMER: LICENSE NO. 18 A SIGNATURE [Signature] FUNERAL DIRECTOR: LICENSE NO. 10 A SIGNATURE [Signature] ADDRESS Globe Arizona

20. FILED Jan. 5, 1938 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1938

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Jan 4, 1937 TO Jan 4, 1937

I LAST SAW HIM ALIVE ON Jan 4, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10-30 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Hadgkins disease DATE OF ONSET _____

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 _____

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 _____

_____ WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____

IF SO, SPECIFY _____ (SIGNED) [Signature] M. D. _____ (ADDRESS) Globe Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION