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MARGIN RESERVED FOR BINDING
N. B. 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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Pima State ARIZONA State File No. 349
 Township _____ or Village _____ Registered No. 10
 City Tucson No. 710 South Second Ave. St. _____ Ward _____
 (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 0 yrs. 0 mos. 0 ds. How long in U. S. of foreign birth? 0 yrs. 0 mos. 0 ds.
 2. FULL NAME John Luce Montierth How long in State when death occurred? 0 yrs. 0 mos. 0 ds.
 (a) Residence: No. 710 South Second St. _____ Ward _____ (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) _____
 5a. If married, widowed, or divorced _____
 HUSBAND of _____ (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) June 20, 37
 7. AGE Years _____ Months 6 Days 16 If LESS than 1 day _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) Tucson (State or Country) Arizona
 FATHER
 13. NAME Luceal Montierth
 14. BIRTHPLACE (city or town) Safford (State or Country) Arizona
 MOTHER
 15. MAIDEN NAME Venetta Cluff
 16. BIRTHPLACE (city or town) Pima (State or Country) Arizona
 17. INFORMANT (Address) Parents
 18. BURIAL, CREMATION, OR REMOVAL REMOVAL
 Place Safford, Arizona Date 1-4-38 19. EMBALMER License No. _____ Signature Emily
 FUNERAL DIRECTOR Emily
 Address Tucson, Arizona
 20. Filed 1-4, 19 38 Thomas H. Howard Registrar

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (month, day, and year) Jan 3, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938 to Jan 3, 1938
 Last saw him alive on Jan 3, 1938; death is said to have occurred on the date stated above, at 12 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Enteric Colitis Date of Onset Dec 24, 37
 Other contributory causes of importance: None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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) [Signature] M. D.
 (Address) Tucson, Ariz