

4593

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 Gila State ARIZONA State File No. 73  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 76  
City Globe No. Gila General Hospital 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 27 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U. S. if of foreign birth? 27 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

2. FULL NAME Modesto Monarrez How long in State when death occurred? 27 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
(a) Residence: No. 551 S. Broad St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Sept. 18, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Valentina Monarrez</u>				22. I HEREBY CERTIFY That I attended deceased from <u>Sept 1</u> , 19 <u>39</u> to <u>Sept 18</u> , 19 <u>39</u> I last saw him alive on <u>Sept 17</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>5:10 AM</u> .		
6. DATE OF BIRTH (month, day, and year) <u>6 - 6 - 1878</u>				The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>		Date of Onset
7. AGE		Years <u>61</u>	Months <u>3</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>					
	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) <u>1931</u>				11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>State of Durango</u> (State or Country) <u>Mexico</u>						
FATHER	13. NAME <u>Cruz Monarrez</u>					
	14. BIRTHPLACE (city or town) <u>Mexico</u> (State or Country)					
MOTHER	15. MAIDEN NAME <u>Romalda Rubio</u>					
	16. BIRTHPLACE (city or town) <u>Mexico</u> (State or Country)					
17. INFORMANT <u>Mrs. Valentina Monarrez</u> (Address) <u>Globe, Arizona</u>						
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe Cem.</u> Date <u>8/20/39</u>						
19. EMBALMER License No. <u>18-A</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License <u>10-A</u> Address <u>Globe, Arizona</u> Signature <u>[Signature]</u>						
20. Filed <u>Sept. 20</u> , 19 <u>39</u> <u>[Signature]</u> Registrar						
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? _____ If so, specify _____ (Signed) <u>[Signature]</u> , M. D. (Address) <u>Globe, Ariz</u>						