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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 46

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Co. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 7 mo; In Community 40 yrs; In Arizona 60 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 72 Springs Mine - Globe (e) If foreign born in U. S. A. _____ yrs.
3. (a) FULL NAME Patricia Montez (b) If veteran _____ name war _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband Mercedee Montez or wife, if alive _____ yrs.
6. (c) Age of husband _____ yrs.

7. Birthdate of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 89 Months _____ Days _____ If less than one day
hrs _____ min _____

9. Birthplace San Antonio Texas
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business _____

Father { 12. Name Unknown
13. Birthplace _____
(City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Rex B. Marshall
(b) Address Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date June 12, 1941

18. (a) Embalmer's Signature John M. ...
(b) Funeral Director John M. ...
(c) Address ...

19. (a) June 15, 1941
(Date received local Registrar)
(b) Josue Valle
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 12, 1941;
TIME (Hour and minute) 4:30 A.M.

21. I hereby certify that I attended the deceased from June 12, 1941
that I last saw him alive on June 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION
3 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Rex B. Marshall Date signed June 12, 1941
Address ...