

7244

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

100

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 42

1. Place of Death: (a) County Yuma (b) City or Town Claypool (c) Location 37 Globe St.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 23 yrs; In Arizona 23 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Claypool
(If outside city limits write RURAL)

(d) Street No. 37 Globe St. (e) If foreign born, in U. S. A. 58 yrs.

3. (a) FULL NAME John Cannon Monteith (b) If veteran _____ (c) Social Security No. 326-05-9972
(If NONE write the word)

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

6. (b) Name of husband or wife Laura Ann Monteith wife, if alive 08 yrs. 6. (c) Age of husband _____

7. Birthdate of deceased June 9 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 00 Days 22 If less than one day
hrs. min.

9. Birthplace Edinburgh Scotland
(City, town or county) (State or Country)

10. Usual Occupation Smelter man

11. Industry or Business _____

Father { 12. Name James G. Monteith
13. Birthplace Scotland
(City, town or county) (State or Country)

Mother { 14. Maiden Name Christina Ross
15. Birthplace Scotland
(City, town or county) (State or Country)

16. (a) Informant's own signature J. G. Monteith
(b) Address 722 Merritt St, Miami

17. (a) Burial, Cremation or Removal Buried
(b) Place St. Ann's (c) Date June 28 1941

18. (a) Embalmer's Signature _____
(b) Funeral Director W. H. Gray
(c) Address Miami, Fla.

19. (a) June 28 - 1941
(Date received local Registrar)
(b) Nelson W. Grayton
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 25, 1941;
TIME (Hour and minute) 4:50 P. M.

21. I hereby certify that I attended the deceased from June 23
1941 to June 25, 1941
that I last saw him alive on June 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac failure
Due to Bronchial asthma

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Lee Gray M. D.
Address Miami, Ariz Date signed July 1, 1941

DURATION

2 days
5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.