

2354

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 116  
Registrar's No. 70

1. Place of Death: (a) County Grahan (b) City or Town Safford (c) Location 56 (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 56 (Specify whether years, months or days); In Arizona 56

2. Usual Residence of Deceased: (a) State Arizona; (b) County Grahan; (c) City or Town Safford (If outside city limits also write RURAL)

(d) Street No. \_\_\_\_\_; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.

3. (a) FULL NAME Wilda Angelina Monticelli (b) If veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_ (If NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widow</u>
6. (b) Name of husband or wife <u>W. S. Monticelli</u>		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>April 29 1870</u> (Month) (Day) (Year)		
8. AGE: Years <u>71</u>	Months <u>3</u>	Days <u>17</u>
If less than one day _____ hrs. _____ min.		
9. Birthplace <u>Prichard City, Ala.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business _____		
Father	12. Name <u>Alvay H. Parker</u>	
	13. Birthplace <u>Ill.</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Lugia Ann. Parker</u>	
	15. Birthplace <u>Canada</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Pearl M. Cheney</u>		
(b) Address <u>Safford, Ariz.</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Safford</u> (c) Date <u>Aug 19, 1941</u>		
18. (a) Embalmer's Signature _____		
(b) Funeral Director <u>H. C. Rawson</u>		
(c) Address <u>Safford, Ariz.</u>		
19. (a) <u>Sept 9th, 1941</u> (Date received local Registrar)		
(b) <u>J. H. Shalton</u> (Registrar's Signature)		

20M 100% Reg. 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 16, 1941  
TIME (Hour and minute) 6 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941  
\_\_\_\_\_, 19\_\_\_\_ to Aug 16, 1941  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary atherosclerosis

Due to arteriosclerosis with hypertension

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 L. M. Butler M. D.  
Address Safford Date signed 8-21-41

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