

2402

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

108  
State File No. \_\_\_\_\_  
Registrar's No. 82

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location #18 Martin Hill  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 1 1/2 yrs.; In Arizona 19 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. #18 Martin Hill; (e) If foreign born, in U. S. \_\_\_\_\_ yrs.  
2. (a) FULL NAME Allan William Monasmith (b) If veteran name war No (c) Social Security No. 527-12-9459  
(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 Evelyn Monasmith 6. (c) Age of husband or wife, if alive 23 yrs.  
7. Birthdate of deceased Nov. 15 1919  
(Month) (Day) (Year)  
8. AGE: Years 22 Months 9 Days 4 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day  
9. Birthplace Lincoln, Nebraska  
(City, town or county) (State or Country)  
10. Usual Occupation Miner, Machine Operator  
11. Industry or Business Copper Mine  
Father { 12. Name Harry F. Monasmith  
13. Birthplace Humboldt, Nebraska  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Kathryn Worthington  
15. Birthplace Montrose, Iowa  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Evelyn Monasmith  
(b) Address Globe, Arizona  
17. (a) Burial, Cremation or Removal Removal  
(b) Place Prescott, Ariz Date 8/20/42  
18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona  
19. (a) Aug. 20 - 42  
(Date received local Registrar)  
(b) Frederic Wampler  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Aug. 19th 1942  
TIME (Hour and minute) 6:45 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Acute Heart Attack  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy yes  
Acute Heart Attack

DURATION  
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 August 8, 1942  
(c) Where did injury occur? At Deceased Home  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home # 18 Martin Hill Globe Ariz  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. E. Wampler, Coroner M. D.  
Address \_\_\_\_\_ Date signed Aug 19-42