

1490

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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_  
Registrar's No. 1-1943

1. Place of Death: (a) County Gila (b) City or Town Hayden (c) Location \_\_\_\_\_ (St. & No. (or) Name of Institution)  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 20 years; in Arizona 20 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Hayden  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) Yes  
If Yes, which country Mexico (If NONE write the word)  
3. (a) FULL NAME Ysidro R. Montano (b) If Veteran No Social Security No. 526-07-5760

4. Sex Male 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Jesus Montano 6. (c) Age of husband or wife, if alive 41 yrs.  
7. Birthdate of deceased May 15 1892  
(Month) (Day) (Year)  
8. AGE: Years 50 Months 10 Days 17 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Oputo, Sonora, Mexico  
(City, town or county) (State or Country)  
10. Usual Occupation Mill operator  
11. Industry or Business Copper production  
12. Name Does not know.  
13. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)  
14. Maiden Name Does not know.  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature Ysidro R. Montano Jr.  
(b) Address Hayden, Arizona.  
17. (a) Burial, Cremation or Removal Interment  
(b) Place Winkelman, Ariz (c) Date 4/21 1943  
18. (a) Embalmer's Signature P. J. Fulton  
(b) Funeral Director P. J. Fulton  
(c) Address Winkelman Ariz  
19. (a) April 1st 1943  
(Date received local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 1, 1943  
TIME (Hour and minute) 1:45 A.M.  
21. I hereby certify that I attended the deceased from October 24, 1942 to March 31, 1943  
that I last saw him alive on March 31, 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis, chronic  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Anemia, secondary  
(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 [Signature] M. D. [Signature]  
Address Hayden Ariz Date signed 4/1/43

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