

1606

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 81  
Registrar's No. 106

1. Place of Death: (a) County Gila (b) City or Town Inspiration (c) Location Inspiration  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none; In Community 30 yrs  
(Specify whether years, months or days) ; In Arizona 30 yrs  
2. Usual Residence of Deceased: (a) State Ariz. (b) County Gila (c) City or Town Inspiration  
(If outside city limits also write RURAL) ; (e) Citizen of foreign country (Yes or No) No  
(d) Street No. Upper Circle - No 60 ; (f) Social Security No. 526-06-9902  
3. (a) FULL NAME Harry Williams Montague (b) If Veteran no (c) Social Security No. 526-06-9902

4. Sex Male 5. Race White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Hilda Montague 6. (c) Age of husband or wife, if alive        yrs.

7. Birthdate of deceased Feb. 10 1889  
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 18  
If less than one day hrs.        min.       

9. Birthplace Gree Colorado  
(City, town or county) (State or Country)

10. Usual Occupation Employment agent

11. Industry or Business The Cop. Co.

12. Name William Thomas Montague  
13. Birthplace unknown  
(City, town or county) (State or Country)

14. Maiden Name Anne Williams  
15. Birthplace unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature William J. Montague  
(b) Address Inspiration, Ariz.

17. (a) Burial, Cremation or Removal Cremation  
(b) Place Phoenix Ariz. (c) Date Mar. 1 1944

18. (a) Embalmer's Signature W. J. Miles Jr.  
(b) Funeral Director W. J. Miles Jr.  
(c) Address Miami Ariz.

19. (a) March 6 1944  
(Date received Local Registrar's Signature)  
(b) Nelson D. Brayton  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Feb. 28 1944  
TIME (Hour and minute) 4:00 PM  
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 GUN SHOT WOUND  
Due to Accidentally Self inflicted  
Due to         
Other conditions         
(Include pregnancy within 3 months of death)  
Major findings:         
Of operations         
Of autopsy         
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) Accident  
(b) Date of occurrence Feb. 28-1944  
(c) Where did injury occur? Inspiration Gila Ariz.  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)  
While at work?        (c) Means of injury above  
23. Signature John Carpenter - Coroner M. D.  
Address Miami, Arizona Date signed 3-6-44