

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 33  
Registrar's No. 66  
Banker Ave. (St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Banker Ave.  
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 31 years; In Arizona 31 years  
(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. Banker Ave. (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME George Jackson Montanye (b) If Veteran name war No (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Harriet Montanye 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased October 15th 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 29 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pittson Penn  
(City, town or county) (State or Country)

10. Usual Occupation Machinist

11. Industry or Business \_\_\_\_\_

12. Name John Montanye  
13. Birthplace No record  
(City, town or county) (State or Country)

14. Maiden Name Melissa D. Jackson  
15. Birthplace Penn  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Harriet Montanye  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Ariz. Date 5/18/44

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) June 18 1944 (Date received Local Registrar)  
(b) June W. Vanlee (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) May 14th 1944 19 44  
TIME (Hour and minute) 9 PM M.

21. I hereby certify that I attended the deceased from Jan 19 44  
to May 14 19 44  
that I last saw him alive on May 12 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death (Arterio Sclerosis - (Thrombo Angitis Obliterans) with gangrene both feet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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? \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_

23. Signature [Signature] M. D. \_\_\_\_\_  
Address Globe Ariz. Date signed June 3 1944

DURATION 8 yrs

PHYSICIAN Underline the cause to which death should be charged statistically