

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 977
Registrar's No. _____

1. Place of Death: (a) County Greenlee (b) City or Town Duncan (c) Location _____ (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 30 yrs; in Arizona 30 yrs (Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Ben Monair (b) If Veteran name war _____ (c) Social Security No. None

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

6. (b) Name of husband Mary 6. (c) Age of husband or wife, if alive 70 yrs.

7. Birthdate of deceased: (Month) Aug (Day) 30 (Year) 1869

8. AGE: Years 75 Months 6 Days 3 If less than one day hrs. _____ min. _____

9. Birthplace: Alabama (City, town or county) _____ (State or Country)

10. Usual Occupation Cottonman

11. Industry or Business Cattle raising

12. Name E. J. Monair

13. Birthplace (?) Alabama (City, town or county) _____ (State or Country)

14. Maiden Name Almyra Johnson

15. Birthplace (?) Alabama (City, town or county) _____ (State or Country)

16. (a) Informant's own signature Mary Monair

(b) Address Duncan Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Duncan Ariz (c) Date Feb 25 1945

18. (a) Embalmer's Signature [Signature]

(b) Funeral Director MILLER FUNERAL HOME

(c) Address Duncan Ariz

19. (a) March 3 1945 (Date received local Registrar)

(b) Eugene Romney (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 23 1945
TIME (Hour and minute) 1:30 am

21. I hereby certify that I attended the deceased from Dec. 2, 1944
to Feb. 23, 1945; that I last saw him live on Feb. 22, 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - intestinal-ileocecal junction

Due to _____

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 A. J. Keighob
Address Duncan Ariz Date signed 3/2/45 M. D.

DURATION
3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically