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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 98
Registrar's No. 83

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 yrs; In Community 50 yrs; In Arizona 50 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. unknown (e) Citizen of foreign country (Yes or No) NO
If Yes, which country ***** (c) Social Security No. none
3. (a) FULL NAME Harry Montana (b) If Veteran name war none

4. Sex male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced divorced
6. (b) Name of husband or wife Bell Montana 6. (c) Age of husband or wife, if alive unknown yrs.
7. Birthdate of deceased May 31, 1869
(Month) (Day) (Year)
8. AGE: Years 78 Months 5 Days 1 If less than one day hrs. *****
9. Birthplace Smith Center, Kansas
(City, town or county) (State or Country)
10. Usual Occupation cattlemen
11. Industry or Business cow-puncher
Father { 12. Name Monty Montana
13. Birthplace unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Josie Montana
15. Birthplace unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Perry Montana
(b) Address 746 N. Blvd. #10, Globe, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery, Date Nov 5, 1947
18. (a) Embalmer's Signature Frank S. Brady
(b) Funeral Director Frank S. Brady
(c) Address 328 S. 1st St. Globe, Ariz.
19. (a) Nov. 3-47
(Date received Local Registrar)
(b) Irene Kousler
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Nov 2, 1947
TIME (Hour and minute) 11:45 A.M.
21. I hereby certify that I attended the deceased from Nov. 1-47
to Nov 2, 1947
that I last saw him alive on Nov 2-47, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis + heart block
Due to Arteriosclerosis + hypertension
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
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) none
(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 Byrd M. Brown M. D.
Address Globe, Arizona Date signed 11-3-47