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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO. <b>43</b>	
1. PLACE OF DEATH A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Pinal</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Miami</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Miami Arizona</b>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>15 days</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>138 Miami Ave</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS	
3. NAME OF DECEASED A. (FIRST) <b>Mary</b> B. (MIDDLE) <b>Joseph</b> C. (LAST) <b>Montoya</b>		4. SEX <b>Female</b> 5. COLOR OR RACE <b>White</b>	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>July</b> DAY <b>1</b> YEAR <b>1949</b>	
8. AGE YEARS <b>0</b> MONTHS <b>11</b> DAYS <b>11</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <b>None</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>New Mexico</b>	
11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	
13. SOCIAL SECURITY NO. <b>None</b>		14A. FATHER'S NAME <b>Monies Montoya</b>	
14B. BIRTHPLACE (STATE OR COUNTRY) <b>Colorado</b>		15A. MOTHER'S MAIDEN NAME <b>Macemena Martinez</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>New Mexico</b>		16. INFORMANT'S SIGNATURE <b>Married Montoya</b>	
17. DATE OF DEATH (MONTH) <b>August</b> (DAY) <b>17</b> (YEAR) <b>1949</b>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Salmo Enteritis</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>—</b> DUE TO (c) <b>—</b> 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>—</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Aug 16 1949</b> TO <b>Aug 16 1949</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Aug 16 1949</b> AND THAT DEATH OCCURRED AT <b>8:30 a.m.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE (DEGREE OR TITLE) <b>Arlean D. Bryerton M.D.</b>		23B. ADDRESS <b>Miami Ariz</b>	
23C. DATE SIGNED <b>Aug 17 49</b>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
24B. DATE <b>Aug 17 49</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Pinal County</b>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami Arizona</b>		25. DATE REPORTED <b>Aug 18 49</b>	
25. REGISTRAR'S SIGNATURE <b>Arlean D. Bryerton</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Walter J. ...</b>	