

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3867

CERTIFICATE OF DEATH

REGISTRAR'S NO. 38: 31

BIRTH NO.

04 04  
DATE OF DEATH  
AND  
19  
RESIDENCE  
6

31  
IDENT  
PERSONAL  
DATA  
147  
551

9252  
CAUSE  
OF  
DEATH  
EM 18) 0

OPERATIONS  
TOPSY 2  
DEATH  
DUE TO  
FERNAL  
LENCE 1

MEDICAL  
PROVER'S  
IFICATION 1

GENERAL  
ECTOR  
IND  
STRAR 19  
2  
6502.36

1. PLACE OF DEATH A. COUNTY <u>Kila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Kila</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Globe (Rural)</u>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>0</u> <u>46 yrs.</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS, OR LOCATION) <u>Miami Tropic Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Ruiz Canyon</u>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Esteve</u> B. (MIDDLE) <u>Montoya</u> C. (LAST) <u>Montoya</u>		E. SEX <u>male</u>	
6. MARRIED - - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Nov</u> DAY <u>28</u> YEAR <u>1903</u>	
8. AGE YEARS <u>47</u> MONTHS <u>5</u> DAYS <u>24</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>mining - lime</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>mining - lime</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mosoni, Ariz.</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	
13. SOCIAL SECURITY NO. <u>527-03-7117</u>		14A. FATHER'S NAME <u>Gregorio Montoya</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mex</u>		15A. MOTHER'S MAIDEN NAME <u>Teresa Granada</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mex</u>		16. INFORMANT'S SIGNATURE <u>Ernesto Montoya</u>	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>May 22-1951</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Inhalation of lime dust.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT (SPECIFY) <u>Accident</u>	
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Hooper Lemi Kila</u>		21C. CITY OR TOWN (COUNTY) (STATE) <u>Globe Kila Ariz</u>	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>May 22 1951 1:30 PM</u>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <u>Care-in at Lemi Kila</u>		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____ AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE (DEGREE OR TITLE) <u>William E. Probst MD</u>		23B. ADDRESS <u>Globe, Arizona</u>	
23C. DATE SIGNED <u>5/22/51</u>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
24B. DATE <u>May 25-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>July 29 1951</u>	
25B. REGISTRAR'S SIGNATURE <u>Arleen A. Bayton</u>		25C. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Walker</u>	
25D. ADDRESS <u>Globe Ariz</u>		27. EMBALMER'S SIGNATURE <u>Jesse James Walker #323</u>	