

CERTIFICATE OF DEATH

BIRTH NO. <u>04</u>		REGISTRAR'S NO. <u>15</u>	
1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE A. STATE <u>ARIZONA</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Miami</u> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		C. CITY OR TOWN <u>Miami</u> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miami-Insipitation Hospital</u>		D. STREET ADDRESS <u>88 Chisholm Ave.</u> (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED A. (FIRST) <u>Robert</u> B. (MIDDLE) <u>N.</u> C. (LAST) <u>Montez</u>		4. SEX <u>Male</u> 5. COLOR OR RACE <u>Mexican</u>	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		7. DATE OF BIRTH MONTH <u>June</u> DAY <u>7</u> YEAR <u>1928</u>	
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		8. AGE (IN YEARS) LAST BIRTHDAY MONTHS <u>27</u> YRS	
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Conveyer Belt Operator</u>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>		13. SOCIAL SECURITY NO. <u>527-20-1504</u>	
14A. FATHER'S NAME <u>Jose Montez</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>MEXICO</u>	
14A. FATHER'S NAME <u>Jose Montez</u>		15A. MOTHER'S MAIDEN NAME <u>Guadalupe Mora</u>	
15A. MOTHER'S MAIDEN NAME <u>Guadalupe Mora</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>MEXICO</u>	
16. INFORMANT'S SIGNATURE <u>Robert Montez</u>		17. DATE OF DEATH (MONTH) <u>Feb.</u> (DAY) <u>28</u> , (YEAR) <u>1953</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>(A) Gephylxia due to Electric shock</u> <u>(B) Asphyxia due to Electric shock</u> <u>(C) Immediate</u>		18. CAUSE OF DEATH 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH <u>(A) Gephylxia due to Electric shock</u> <u>(B) Asphyxia due to Electric shock</u> <u>(C) Immediate</u> 2. ANTECEDENT CAUSES <u>None</u> 3. HORRID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <u>None</u> 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>COPPER MINE</u>	
21C. (CITY OR TOWN) (COUNTY) (STATE) <u>MIAMI GILA ARIZ</u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u>MIAMI GILA ARIZ</u>	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) <u>Feb 23-53</u>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <u>short circuit in Electric motor</u>		21F. HOW DID INJURY OCCUR? <u>short circuit in Electric motor</u>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>19</u> TO <u>19</u> AND THAT DEATH OCCURRED AT <u>10:30 A.M.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>19</u> TO <u>19</u> AND THAT DEATH OCCURRED AT <u>10:30 A.M.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE <u>John Carpenter - Coroner</u>		23B. ADDRESS (DEGREE OR TITLE) <u>Miami</u>	
23C. DATE SIGNED <u>Feb 24-53</u>		23C. DATE SIGNED <u>Feb 24-53</u>	
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Feb. 24, 1953</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>	
25A. DATE REC'D BY LOCAL REG. <u>Feb 25 1953</u>		25B. REGISTRAR'S SIGNATURE <u>Averae D. Ray</u>	
25C. DATE REC'D BY LOCAL REG. <u>Feb 25 1953</u>		25D. JOURNAL DIRECTOR'S SIGNATURE <u>John Carpenter</u>	
25E. DATE REC'D BY LOCAL REG. <u>Feb 25 1953</u>		25F. JOURNAL DIRECTOR'S SIGNATURE <u>John Carpenter</u>	
25G. DATE REC'D BY LOCAL REG. <u>Feb 25 1953</u>		25H. JOURNAL DIRECTOR'S SIGNATURE <u>John Carpenter</u>	