

STATE OF MONTANA
Bureau of Vital Statistics
Standard Certificate of Death

Phil. Do not write
in this space 1177

1. PLACE OF DEATH
County Phillips Registered No. 324
Township _____ or Village _____ or _____
City Zortman No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ days

2. FULL NAME Antone Azure
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Indian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Julia Azure</u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct. 10, 1860</u>		
7. AGE Years <u>79</u>	Months <u>0</u>	Days <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as <u>Retired</u> sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as <u>laborer</u> saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) <u>Belcourt</u> (State or country) <u>N. Dak.</u>		
13. NAME <u>Gabriel Azure</u>		
14. BIRTHPLACE (city or town) <u>Belcourt</u> (State or country) <u>N. Dak.</u>		
15. MAIDEN NAME <u>Cecelia La. Frombair</u>		
16. BIRTHPLACE (city or town) <u>Belcourt</u> (State or country) <u>N. Dak.</u>		
17. INFORMANT <u>Joe Azure</u> (Address) <u>Zortman, Mont.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lodgepole, Mont.</u> Date <u>Nov. 3, 1939</u>		
19. UNDERTAKER <u>Beebe Funeral Home</u> (Address) <u>Malta, Mont.</u>		
20. FILED <u>Nov 16 - 1939</u> <u>Walter R. Toxan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows: _____
Senility
Uremic poisoning

Contributory causes of importance not related to principal cause: _____

Name of operation _____, Date of _____

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Welford F. Bell coroner
(Address) Malta, Montana

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.