

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **6**

OF DEATH AND RESIDENCE 1402	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 12 Yrs. IN ARIZONA 12 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
	C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION Miami-Inspiration Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 403 1/2 Indian Ave.			
CEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Elvin B. (MIDDLE) W. C. (LAST) Moore			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Ora Moore		7. DATE OF BIRTH MONTH 12 DAY 5 YEAR 1900	8. AGE (IN YEARS LAST BIRTHDAY) 55 Yrs.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Screen Man	
	9B. KIND OF BUSINESS OR INDUSTRY Copper Mine	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. 444-09-0940			
14A. FATHER'S NAME John A. Moore		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Ella Posy		15B. BIRTHPLACE (STATE OR COUNTRY) Texas.		
16. INFORMANT'S SIGNATURE <i>Mrs. Edith Jones</i>				ADDRESS <i>Miami Fla.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Feb. 16, 1956		
CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (A) carcinoma of stomach ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 55 , 19 55 , TO Feb 16 56 , 19 56 , THAT I LAST SAW THE DECEASED ALIVE ON Feb 16 56 , AND THAT DEATH OCCURRED AT 9 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <i>B. E. Lambrecht</i>		22B. ADDRESS <i>Miami, Ariz.</i>		22C. DATE SIGNED 2-17-56			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Feb. 19, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 2/20/56		26B. REGISTRAR'S SIGNATURE <i>Paula Gonzalez</i>		27A. GENERAL DIRECTOR'S SIGNATURE <i>B. E. Lambrecht</i>		27B. ADDRESS <i>Miami, Ariz.</i>	