

CERTIFICATE OF DEATH

BIRTH NO.

04
OF DEATH
AND 25
RESIDENCE
0402

PRECEDENT
PERSONAL
DATA) 55

357

3318
CAUSE
OF
DEATH
TEM 18)

OPERATIONS,
UTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

GENERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 20 Yrs IN ARIZONA 20 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 E-37 Davis Canyon (IF RURAL, GIVE LOCATION)			
3. NAME OF DECEASED (TYPE OR PRINT) Alma		A. (FIRST)	B. (MIDDLE)	C. (LAST) Moore	4. SEX Fem	
5B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 10 DAY 15 YEAR 1901		8. AGE (IN YEARS LAST BIRTHDAY) 55 Yrs.	5. COLOR OR RACE Colored	
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		9A. USUAL OCCUPATION (GIVE NATURE OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Maid			13. SOCIAL SECURITY NO. 646-30-0278	
9B. KIND OF BUSINESS OR INDUSTRY vt. Residence		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		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		14A. FATHER'S NAME Thomas H. Smith		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		
15A. MOTHER'S MAIDEN NAME Emma Hilburn		15B. BIRTHPLACE (STATE OR COUNTRY) Texas		16. INFORMANT'S SIGNATURE Edison Smith By Telephone Tulsa, Oklahoma		
17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 23, 1957		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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.				
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 3/2 , 19 57 , TO 3/31 , 19 57 , THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE (DEGREE OR TITLE) William A. [Signature]		22B. ADDRESS William A. [Address]		22C. DATE 3/24/57		
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		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE		
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Mar. 26, 1957		25C. NAME OF CEMETERY OR CREMATORY		
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		Tulsa, Oklahoma.				
26A. DATE REC. BY LOCAL REG. 4/20 3/20/57		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		
27B. ADDRESS		27C. ADDRESS [Address]				