

BIRTH NO. 12253

CERTIFICATE OF DEATH

REGISTRAR'S NO. 21

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN <input checked="" type="checkbox"/> Life IN ARIZONA <input checked="" type="checkbox"/> Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona B. COUNTY Gila	
D. FULL NAME OF HOSPITAL OR INSTITUTION Miami-Inspiration Hospital				D. STREET ADDRESS Railroad Ave. (IF RURAL, GIVE LOCATION)	

3. NAME OF DECEASED (TYPE OR PRINT) Baby Nancy Ellen Moser			4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married
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6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 5 DAY 30 YEAR 1957	8. AGE (IN YEARS LAST BIRTHDAY)	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Infant
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9B. KIND OF BUSINESS OR INDUSTRY Infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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. None
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14A. FATHER'S NAME Alvin Moser	14B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	15A. MOTHER'S MAIDEN NAME Ruby Powellmore	15B. BIRTHPLACE (STATE OR COUNTRY) Miss.
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16. INFORMANT'S SIGNATURE <i>Alvin Moser</i>		ADDRESS Miami, Ariz.		17. DATE OF DEATH (MONTH) May (DAY) 30 , (YEAR) 1957
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		MEDICAL CERTIFICATION (A) <i>congenital heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 hours</i>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B)		
PLACE DISEASE CONTRACTED.		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"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-29, 1957, TO 5-30, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 5-30, 1957, AND THAT DEATH OCCURRED AT 12:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <i>Paul Lambert M.D.</i>	(DEGREE OR TITLE)	22B. ADDRESS <i>Miami Ariz.</i>	22C. DATE SIGNED <u>5-31-57</u>
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
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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?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE May 30, 1957	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
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26A. DATE REC. BY LOCAL REG. <u>6/20/57</u>	26B. REGISTRAR'S SIGNATURE <i>Paula Gonzalez</i>	27A. TUREAL DIRECTOR'S SIGNATURE <i>W. H. ...</i>	27B. ADDRESS <i>Miami Ariz.</i>
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1 OF DEATH AND RESIDENCE 0402

PRECEDENT 2 PERSONAL DATA 301

7544 CAUSE OF DEATH (EM 18) 0

RATIONS, JTOPSY 9

MEDICAL + IIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

RONER'S IIFICATION

NERAL RECTOR AND SISTRAR 19 2