4667

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 67

County Registered No. 92

Local Registrar's No. 90

PLACE OF DEATH

County Graham

District

Town Or City Thatcher

No. _____ St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Maybell Moody

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

~~Color or Race~~ White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH January (Month) 22 (Day) 1876 ~~191~~ (Year)

AGE 45 yrs 9 mos 24 days 10 days — If less than 1 day ___ hrs., or ___ min.

OCCUPATION
(a) Trade, profession or particular kind of work Homewife
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Utah

PARENTS

NAME OF FATHER Moses Cluff

BIRTHPLACE OF FATHER (State or Country)

MAIDEN NAME OF MOTHER Jane Johnson

BIRTHPLACE OF MOTHER (State or Country) England

The Above Is True to the Best of My Knowledge

(Informant) Wm Moody

(Address) Thatcher Ariz

PLACE OF BURIAL OR REMOVAL Thatcher Ariz

DATE OF BURIAL OR REMOVAL Nov. 17, 1921

UNDERTAKER O. Taylor

ADDRESS Thatch Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 (Month) 16 (Day) 1921 (Year)

I hereby certify, that I attended deceased from 11/10 1921 to 11/16 1921; that I last saw her alive on 11/16 1921, and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) 7 yrs 7 mos 8 days

Was disease contracted in Arizona? yes

If not, where? no

CONTRIBUTORY no

no (Duration) yrs 2 mos 2 days 2

(Signed) H. E. Platt

12/3 1921 (Address) Thatcher Ariz

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death __ yrs __ mos __ ds. In Arizona __ yrs __ mos __ ds.

Former or Usual Residence

Filed 12-5 1921. Alma Burns, Local Registrar

Filed 12/6 1921 J. N. Strattron County Registrar