

2848

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.

PLACE OF DEATH

1. County Gila  
District Globe  
Town or City Globe

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State Index - - No. 80  
County Registrar's No. 140  
Local Registrar's - No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF DEATH

No. Resd Near Kinney Park St. \_\_\_\_\_ Ward \_\_\_\_\_  
If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Rosa Ellen Moore

(a) Residence. No. Near Kinney Park St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 5 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married  
(write the word)

5a. If married, widowed, or divorced Married  
(or) WIFE of J. J. Moore

6. DATE OF BIRTH (month, day and year) 9/19/1888

7. AGE Years 34 Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than 1 day - hrs. or - min.

8. OCCUPATION OF DECEASED Housewife  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (city or town) Layton (State or country) Arizona

10. NAME OF FATHER Alvin S. Layton

11. BIRTHPLACE OF FATHER (city or town) Utah (State or country)

12. MAIDEN NAME OF MOTHER Almeda Jiffitt

13. BIRTHPLACE OF MOTHER (city or town) Utah (State or country)

14. Informant (Address) \_\_\_\_\_

15. Filed 4/11, 1923 B. J. Fox Registrar  
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 4/10 1923

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1923 to April 10, 1923 that I last saw her alive on April 10, 1923 and that death occurred, on the date stated above, at 7:30 pm. The CAUSE OF DEATH\* was as follows:  
Lobar pneumonia

(duration) yrs. mos. 4 ds. CONJUGATORY 6 1/2 months marriage (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of \_\_\_\_\_  
Was there an autopsy? no

What test confirmed diagnosis? physical examination  
(Signed) T. C. Harper, M. D.  
19 (Address) Globe, Ariz.

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Chibancut

19. PLACE OF BURIAL, CREMATION or REMOVAL Duncan, Arizona DATE OF BURIAL 4/11 1923

20. UNDERTAKER J. L. Jones & Son ADDRESS Globe, Arizona