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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 90
County Registrar's - No. 90
Local Registrar's - No. 82

PLACE OF DEATH

1. County Graham
District
Town or City Thatcher No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Margaret Lenora Pace Moody.

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John M Moody

6. DATE OF BIRTH (month, day and year) 3-28-1860

7. AGE Years 63 Months 9 Days 13 IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) Payson
(State or country) Utah

PARENTS

10. NAME OF FATHER James Pace
11. BIRTHPLACE OF FATHER Memphis (city or town)
(State or country) Tenn.
12. MAIDEN NAME OF MOTHER Anna Webb
13. BIRTHPLACE OF MOTHER Unknown (city or town)
(State or country)

14. Informant (Address) James. M. Moody

15. Filed Jan 8 1924 Hattie W. Schenck Local Registrar.
Filed Jan 8, 1924 [signature] County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1923 to Dec 10 1923
that I last saw her alive on Dec 2 1923,
and that death occurred, on the date stated above, at 6 a.m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Bladder & Uterus
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Aug 23-23
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) J Newton Stratton M. D.
12/10 1923 (Address) Safford

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Thatcher Ariz
DATE OF BURIAL Dec. 11 1923

20. UNDERTAKER W. C. Rawson
ADDRESS Safford.