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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN ORIGINAL CERTIFICATE OF DEATH. IT 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

ARIZONA STATE BOARD OF HEALTH

1. County Greenlee
District Shuman
Town or City _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 146
County Registrar's - No. _____
Local Registrar's - No. _____

2. FULL NAME Melbaud Felix Moyers
(a) Residence. No. _____ St. _____ Ward Franklin Ariz
(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 Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
6a. If married, widowed, or divorced HUSBAND of Ida Elledge Moyers (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Oct 8 1858
7. AGE Years Months Days IF LESS than 1 day hrs. or min. 66 7 24
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (city or town) Rome Georgia (State or country) _____
10. NAME OF FATHER Felix Burns Moyers
11. BIRTHPLACE OF FATHER _____ (city or town) (State or country) Tenn
12. MAIDEN NAME OF MOTHER Cornelia Bailey
13. BIRTHPLACE OF MOTHER _____ (city or town) (State or country) Georgia

14. Informant (Address) Mrs W F Moyers Shuman Ariz
15. Filed 6-4, 1924 Raymond J. Brown Local Registrar.
Filed 6-11, 1924 A. H. Stewart County Registrar.
V. S. No. 1 _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 6 1924
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw him alive on June 1st, 1924, and that death occurred, on the date stated above, at 7 P m. The CAUSE OF DEATH* was as follows: Angina Pectoris
See Remarks other Side (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
18. When was disease contracted _____ if no at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) J. B. Bailey, M. D. 6/4 1924 (Address) Shuman 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Franklin Ariz DATE OF BURIAL June 6 1924
20. UNDERTAKER None ADDRESS _____