2318

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36

Registered No.

1. PLACE OF DEATH

County Cochise State

District or Township Douglas or Village or

City Douglas No. County Hospital St., Ward

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

2. FULL NAME C N Moore "Charley N Moore"

(a) Residence. No. Douglas, Arizona St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING. 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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): --

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

6. DATE OF BIRTH (month, day and year) Nov 5th 1850

7. AGE: Years 75 Months 1 Days 13 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Smelterman

(b) General nature of industry, business or establishment in which employed (or employer) Calumet & Ariz Mining

(c) Name of employer & Smelting Company, Douglas

9. BIRTHPLACE (city or town) Patavia

(State or country) Illinois

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER " (city or town)

(State or country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER " (city or town)

(State or country)

14. Informant Records Calumet & Ariz Smelter

(Address) ~~Douglas, Arizona~~

15. Filed 12-19 1925 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 12-18-25 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1925 to Dec 18 1925

that I last saw him alive on Dec 18 1925

and that death occurred, on the date stated above, at 8-00 AM

The CAUSE OF DEATH* was as follows:

Carcinoma of lung

Secondary Pulmonary TB

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. mos. ds.

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

Did an operation precede death? None Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] M.D.

Dec 19 1925 (Address) Douglas

* 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 Douglas, Ariz

DATE OF BURIAL 12-19-25

20. UNDERTAKER Porter & Ames, Douglas, Ariz

ADDRESS