

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH County: Pima State: Arizona District or Township: Miami City: Miami No. of Hospital: Miami No Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) (a) Residence No.: 6145 St.: ... Ward: ... Length of residence in city or town where death occurred: 3 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: Child 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dec 25 - 1919 6. DATE OF BIRTH (month, day and year): ... 7. AGE: 6 Years 15 Months 15 Days IF LESS than 1 day ... hrs. or ... min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Child (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (State or country): Maricopa Arizona 10. NAME OF FATHER: F. J. Moore 11. BIRTHPLACE OF FATHER (State or country) (city or town): Texas 12. MAIDEN NAME OF MOTHER: Rowland Eaton 13. BIRTHPLACE OF MOTHER (State or country) (city or town): ... 14. Informant: H. J. Moore (Address): 6145 P.O. Arizona 15. Filled: Jan 11, 1926 P. E. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (month, day, and year): January 10 1926 17. I HEREBY CERTIFY That I attended deceased from Jan 9 1926 to Jan 10 1926 that I last saw her alive on Jan 10 1926 and that death occurred, on the date stated above, at 5:00 a.m. The CAUSE OF DEATH* was as follows: Rabies (duration) yrs. mos. 3 ds. CONTRIBUTORY: (Secondary) (duration) yrs. mos. ds. 18. Where was disease contracted if not at place of death? Did an operation precede death? no Date of ... Was there an autopsy? no What test confirmed diagnosis? none (Signed) J. F. Muller, M. D. Jan 10 1926 (Address) Miami Arizona *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: Nuclear Arizona - 17-76 DATE OF BURIAL: ... 20. UNDERTAKER: G. Meynolds ADDRESS: ...

MARGIN RESERVED FOR BINDING. 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.