

1237

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Greenlee
District Deming

BUREAU OF VITAL STATISTICS

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

ORIGINAL CERTIFICATE OF DEATH

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

2. FULL NAME Moses Martin Sanders

(a) Residence No. Deming Az St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

5a. If married, widowed, or divorced
HUSBAND of Lillian M Sanders
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Feb 21 - 1853

7. AGE Years 73 Months 1 Days 2 IF LESS than 1 day _____ hrs. or _____ min.

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

9. BIRTHPLACE (city or town) Rail Lake City
(State or country) Utah

10. NAME OF FATHER Moses Martin Sanders

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

12. MAIDEN NAME OF MOTHER Amanda Leasitt

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

14. Informant Mrs Lillian Sanders
(Address) Deming Az

15. Filed 4-9-1926 Eugene Ramsey
Local Registrar.

V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 23 1926

17. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1926 to Mar 22, 1926
that I last saw him alive on Mar 22, 1926

and that death occurred, on the date stated above, at 7 9 m.
The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) unt known yrs. mos. ds.
CONTRIBUTORY Rephreux
(Secondary) (duration) ? yrs. mos. ds.

18. Where was disease contracted New Mex or Cal Mex
if not at place of death? no
Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none
(Signed) JH Bradley, M. D.
19 Deming Az (Address)

* 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 Az DATE OF BURIAL Mar 27 1926

20. UNDERTAKER Mr Pascoe ADDRESS Clepton Az

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A CAREFULLY APPLIED. 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.