

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

1. PLACE OF DEATH
County: Graham State: Arizona
City: Thatcher No. 14
District or Township: or Village: or
City: Thatcher No. 14 St., Ward

2. FULL NAME: Liberty Moody
(a) Residence No.: Home St., Ward:
Length of residence in city or town where death occurred: 11 yrs. 2 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. COLOR or RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single

6. DATE OF BIRTH (month, day and year): 11 Years 2 Months 7 Days

7. AGE: 11 Years 2 Months 7 Days IF LESS than 1 day hrs. min.

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

9. BIRTHPLACE (city or town) (State or country): Thatcher Ariz.

10. NAME OF FATHER: Wm A Moody

11. BIRTHPLACE OF FATHER (State or country) (city or town): St George Utah

12. MAIDEN NAME OF MOTHER: Maybell Cluff

13. BIRTHPLACE OF MOTHER (State or country) (city or town): Ariz Utah

14. Informant: Wm A Moody (Address): Thatcher Ariz

15. Filed: 2-7-30 J. N. Stratton Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January 18 1930
Month: Day: Year:

17. I HEREBY CERTIFY, That I attended deceased from 12/27/29 to 1/18/30 that I last saw h. alive on 1/18/30 and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows: Cerebro Spinal Meningitis

(duration) yrs. mos. 23 ds.

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

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

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Microscopic test (Signed) W. B. Platt, M. D.

* 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.

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Thatcher DATE OF BURIAL: 19-30

20. UNDERTAKER: Wm A Moody ADDRESS: Thatcher

N. B.—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.