

MARGIN RESERVED FOR BINDING
 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.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Gila</u> State <u>ARIZONA</u>		State File No. <u>50</u>	
Township _____ or Village _____		City <u>Hayden</u>		Registered No. <u>3</u>	
Length of residence in city or town where death occurred <u>5</u> yrs. _____ mos. _____ ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number) No. _____ St. _____ Ward _____		How long in U. S. if of foreign birth? <u>83</u> yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Michael William Moore</u>		(a) Residence: No. <u>Hayden, Arizona</u> St. _____ Ward _____		How long in State when death occurred? <u>5</u> yrs. _____ mos. _____ ds.	
		(Usual place of abode)		(If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Regina Weiss</u> (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 10, 1846</u>					
7. AGE		Years <u>87</u>	Months <u>2</u>	Days _____	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Merchant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) <u>December 1923</u>		11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (city or town) <u>Kerry County</u> (state or country) <u>Ireland</u>					
MOTHER	13. NAME <u>Michael William Moore,</u>				
	14. BIRTHPLACE (city or town) <u>Kerry County</u> (State or country) <u>Ireland</u>				
	15. MAIDEN NAME <u>Unknown</u>				
FATHER	16. BIRTHPLACE (city or town) <u>Ireland</u> (State or country)				
	17. INFORMANT <u>R. E. Moore,</u> (Address) <u>Jerome, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Phoenix, Arizona</u> Date <u>Feb 10, 1934</u>					
19. UNDERTAKER <u>P. L. Eutton</u> (Address) <u>Winkelman, Arizona</u>					
20. Filed <u>Feb 10, 1934</u> <u>WT D Paul</u> Registrar					
			21. DATE OF DEATH (month, day, and year) <u>Feb 10, 1934</u>		
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 7th, 1934</u> , to <u>Feb 9th, 1934</u>					
I last saw him alive on <u>Feb 9th, 1934</u> ; death is said to have occurred on the date stated above, at <u>2:30 A. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Senility</u>					
Other contributory causes of importance: <u>Chronic Myocarditis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>NO</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____ (Signed) <u>Charles B. Hurst</u> M. D. (Address) <u>Hayden, Arizona</u>					