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MARGIN RESERVED FOR BINDING
N. B.—WRITE MAINLY, 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 Greenlee, State Arizona Registered No. 105
 Township _____ or Village Duncan or City _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 Length of residence in city or town where death occurred 16 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME Richard Carson Moore
 (a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____ (If nonresident 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>		21. DATE OF DEATH (month, day, and year) <u>3-7-1934</u>	I HEREBY CERTIFY, That I attended deceased from <u>3-7-1934</u> to <u>3-7-1934</u> I last saw him alive on <u>March 7, 1934</u> ; death is said to have occurred on the date stated above, at <u>10 P. m.</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ida Lee Moore</u>			The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 23 1861</u>				7. AGE	Date of Onset
7. AGE				Years <u>72</u> Months <u>7</u> Days <u>15</u> If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>			Other contributory causes of importance: <u>Arteriosclerosis</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>March 1934</u>			11. Total time (years) spent in this occupation <u>32</u>	
12. BIRTHPLACE (city or town) (state or country) <u>Robinson County, Texas</u>					
FATHER	13. NAME <u>John Moore</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Canada</u>				
	15. MAIDEN NAME <u>Sparks</u>				
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Texas</u>				
	17. INFORMANT <u>Mrs. R. C. Moore</u> (Address) <u>Franklin Ariz.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Duncan</u> Date <u>3/9 1934</u>					
19. UNDERTAKER <u>Family</u> (Address) _____					
20. Filed <u>3/9</u> 19 <u>34</u> <u>Eugene Normy</u> Registrar					
				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? <u>No</u>					
If so, specify (Signed) <u>R. J. Reighart</u> M. D. (Address) _____					

5M 9-17-32 MS-47048 Back of Certificate to be used for any additional information