

1067

Dr. Kennedy
 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 Gila State ARIZONA State File No. 86
 Township _____ or Village _____ Registered No. 924
 City Globe No. Gila General Hospital Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street number)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 9 yrs. 0 mos. 0 ds.
 2. FULL NAME Edward Finley Moore How long in State when death occurred? 5 yrs. 0 mos. 0 ds.
 (a) Residence: No. Globe, Arizona St. _____ Ward _____
 (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>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>8/28/34</u> , 19 <u>34</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>June 1</u> , 19 <u>34</u> to <u>Aug 28</u> , 19 <u>34</u> . Last saw him alive on <u>Aug 25</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>8:00 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Aortitis</u> <u>Endocarditis</u> <u>Nephritis</u> Other contributory causes of importance: <u>Syphilis</u> Date of Onset <u>6-1-34</u> <u>7-8-34</u> <u>1904</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>12-5-1868</u>	7. AGE Years <u>66</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Painter</u>		10. Date deceased last worked at this occupation (month and year) _____
12. BIRTHPLACE (city or town) (state or country) <u>Kansas</u>		13. NAME <u>Moses Finley Moore</u>		14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		
15. MAIDEN NAME <u>Caroline Casad</u>		16. BIRTHPLACE (city or town) (State or country) <u>Ill.</u>		17. INFORMANT <u>Mrs. Anna Lydia Fruin</u> (Address) <u>Globe, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe Masonic Cem.</u> Date <u>8/30/34</u>		19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe, Arizona</u>		20. Filed <u>Sept 16</u> , 19 <u>34</u> <u>Wm B. Jones</u> Registrar		

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify _____
 (Signed) R. D. Kennedy, M. D.
 (Address) Globe, Ariz.