

4301

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 101
REGISTERED NO. 16

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Globe NO. 339 South East Street ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 22 YRS. _____ MOS. _____ DS. HOW LONG IN _____ OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME G. Wilbert Moore HOW LONG IN STATE _____ DEATH OCCURRED 22 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 339 South East Street ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NO RESIDENCE, 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>Feb 19 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lydia B. Moore Deceased</u>					I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 1 1933</u> TO <u>Feb 19 1935</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-14-1853</u>					LAST SAW HIM ALIVE ON <u>Feb 19 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9:45 P.M.</u>	
7. AGE	YEARS <u>81</u>	MONTHS <u>11</u>	DAYS <u>5</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Angina Pectoris</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				DATE OF ONSET <u>July-34</u>	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Farmer & Miller</u>					
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>New Jersey</u>						
FATHER	13. NAME <u>George Moore</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>New Jersey</u>					
	15. MAIDEN NAME <u>Eunice West</u>					
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>New Jersey</u>					
	17. INFORMANT <u>Walter D. Moore</u> (ADDRESS) <u>Globe Arizona.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>Globe Cemetery</u> DATE <u>2/22/35</u> 19 <u>35</u>						
19. EMBALMER (LICENSE NO. <u>181-A</u>) SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR License # <u>10-A</u> <u>[Signature]</u> ADDRESS <u>Globe Arizona.</u>						
20. FILED <u>6677</u> 19 <u>35</u> <u>[Signature]</u> REGISTRAR						
					NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
					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>[Signature]</u> M. D. (ADDRESS) <u>Globe Ariz.</u>						