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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 92
County Registrar's - - No.
Local Registrar's - - - No.

PLACE OF DEATH

1. County Greenlee
District Duncan
Town or City Duncan No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Susan Ida Elledge Moyers

(a) Residence. No. Franklin Arizona St., ... Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 20 1865

7. AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69	11	13	

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

9. BIRTHPLACE (city or town) Varnell station
(State or country) Georgia

PARENTS

10. NAME OF FATHER Dillingham Elledge
11. BIRTHPLACE OF FATHER ..... (city or town)
(State or country) Tennessee
12. MAIDEN NAME OF MOTHER Elizabeth Nation
13. BIRTHPLACE OF MOTHER Georgia (city or town)
(State or country)

14. Informant Dow Moyers
(Address) Duncan Ariz.

15. Filed Sept 5, 1935 Eugene Romney Local Registrar.
Filed ....., 19 ..... County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept. 2 1935

17. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1935 to Sept. 2, 1935, that I last saw her alive on Sept. 2, 1935, and that death occurred, on the date stated above, at 2:30 P.m.
The CAUSE OF DEATH* was as follows:
Myocarditis, acute.
..... (duration) ..... yrs. One mos. ..... ds.
CONTRIBUTORY (Secondary) Nephrosis, interstitial chronic
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? [illegible]
What test confirmed diagnosis? Urinalysis
(Signed) K. F. Neighbor, M. D.
Sept. 3 1935 (Address) Duncan

* 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER Family	ADDRESS

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. See instructions on back of certificate.