

1258

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**      **282**  
BUREAU OF VITAL STATISTICS      STATE FILE NO.

1. PLACE OF DEATH  
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 1903  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Phoenix NO. 2320 N. 8th Street OR \_\_\_\_\_  
(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 58 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Lamaricus James Moore HOW LONG IN STATE WHEN DEATH OCCURRED 58 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 2320 N. 8th Street ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

**PERSONAL AND STATISTICAL PARTICULARS**

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 (OR) WIFE OF <u>Mary Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25, 1854</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>9</u>
		<u>2</u>
		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>Retired peace officer</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>Missouri</u>		
13. NAME <u>Moore</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>		
17. INFORMANT <u>Henry Moore</u> <small>(ADDRESS) <u>2320 N. 8th Street, Phoenix, Ariz.</u></small>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>Greenwood</u> DATE <u>11-28</u> 19 <u>36</u>		
19. EMBALMER { LICENSE NO. _____ SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>A. L. Moore and Sons</u> ADDRESS <u>Phoenix, Arizona</u>		
20. FILED <u>12-2</u> , 19 <u>36</u> <u>[Signature]</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1936  
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov. 27- 1936, TO Nov. 27- 1936  
I LAST SAW HIM ALIVE ON Nov. 27, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:20 a. M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Coronary thrombosis DATE OF ONSET March 1936  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_  
NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? Yes  
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) [Signature]  
(ADDRESS) [Address]