

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. 101
 TOWNSHIP Miami OR VILLAGE _____ REGISTERED NO. 12
 CITY _____ NO. _____ OR _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) ST. _____ WARD _____
 IN CITY OR TOWN WHERE DEATH OCCURRED 2 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Crystal Moore HOW LONG IN STATE WHEN DEATH OCCURRED 2 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 800 Live Oak ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</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>Alma Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13, 1889</u>		
7. AGE	YEARS	MONTHS
	<u>47</u>	<u>9</u>
		<u>19</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>Miner</u>	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Miami Copper Co</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>Unknoown Texas</u>		
FATHER	13. NAME <u>Young Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknoown Texas</u>	
MOTHER	15. MAIDEN NAME <u>Carlee Brazys</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknoown Texas</u>	
17. INFORMANT (ADDRESS) <u>Mrs Alma Moore 800 Live Oak</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Copula-Alta</u> DATE <u>2-5-1937</u>		
19. EMBALMER (LICENSE NO. _____) SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami, Ariz</u>		
20. FILED <u>Feb-5-1937</u> <u>C. M. [Signature]</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1937
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.
 I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Coroner Jury Verdict: Accidental death by suffocation, as result of copper compounds in mine DATE OF ONSET _____
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No
 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ RATE OF INJURY 24, 37
 WHERE DID INJURY OCCUR? Miami Cop. Co Mine (SPECIFY CITY OR TOWN, COUNTY AND STATE)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Industry
 MANNER OF INJURY Suffocation
 NATURE OF INJURY _____
 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? Yes
 IF SO, SPECIFY (SIGNED) C. L. [Signature] M. D. (ADDRESS) Miami Ariz

10M-1-25-36-FORM 2-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION