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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. 83
 TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 95
 CITY Globe NO. Gila County Hospital 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 28 YRS. _____ MOS. _____ DS. _____
 2. FULL NAME Enos Threlcald Moseley HOW LONG IN U.S. OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS. _____
 (A) RESIDENCE: NO. Globe Arizona HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. _____
 (USUAL PLACE OF ABODE) _____ WARD _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF Hettie Moseley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1889

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY _____ HRS. OR _____ MIN.
48 4 9

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Truck Driver

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____

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) Pleasant Ridge Ky.

13. NAME Curtis Moseley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ark.

15. MAIDEN NAME Sarah Louis Threlcald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT Mrs. Hettie Moseley
 (ADDRESS) Superior Arizona

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Miami Pinal Cem. DATE Sept. 26, 1937

19. EMBALMER LICENSE NO. 18 A.
 SIGNATURE _____
 FUNERAL DIRECTOR LICENSE NO. 10 A.
 SIGNATURE _____
 ADDRESS Globe Arizona

20. FILED Oct. 1, 1937 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, YEAR) Sept. 22, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept. 21, 1937 TO Sept. 22, 1937
 I LAST SAW HIM ALIVE ON Sept. 21, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11/20 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET
Fracture Base of Skull Sept 21

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Cerebral hemorrhage

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: DATE OF INJURY Sept 21, 1937
 ACCIDENT, SUICIDE, OR ROMANCE? _____
 WHERE DID INJURY OCCUR? Highway (Miami) Ariz. (SPECIFY CITY OR TOWN, COUNTY AND STATE)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public Place

MANNER OF INJURY Auto Collision
 NATURE OF INJURY Fractured skull

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY (SIGNED) A. D. Kennedy M. D.
 (ADDRESS) Globe Ariz.