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STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 60  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 10 yrs. 0 mos. 0 ds.  
2. FULL NAME Andrew Herbert Moore How long in State when death occurred? 10 yrs. 0 mos. 0 ds.  
(a) Residence: No. 1010 Adonis Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If none, give city, 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>Married</u>		21. DATE OF DEATH (month, day, and year) <u>July 16, 1939</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>July 15, 1939</u> to <u>July 16, 1939</u> I last saw <del>him</del> alive on <u>July 16, 1939</u> ; death is said to have occurred on the date stated above, at <u>2:45 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Acute nephritis with terminal uremia</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Bessie Pauline Moore</u>	6. DATE OF BIRTH (month, day, and year) <u>July 17 - 1898</u>	7. AGE Years <u>41</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pool Dresser</u>	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) <u>Apr. 24, 1934</u>	11. Total time (years) spent in this occupation <u>18</u>	12. BIRTHPLACE (city or town) (State or Country) <u>Yeshomego Oklahoma</u>		Other contributory causes of importance: <u>Wrethral Structure about 1935</u>	
13. NAME <u>Labor Douglas Moore</u>		14. BIRTHPLACE (city or town) (State or Country) <u>Gower Hill Ill.</u>		Name of operation <u>none</u> Date of _____ What test confirmed diagnosis <u>Examination</u> Was there an autopsy? <u>no</u>	
15. MAIDEN NAME <u>Margaret Thomas</u>		16. BIRTHPLACE (city or town) (State or Country) <u>Richmond Missouri</u>		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.	
17. INFORMANT (Address) <u>Pauline Moore Miami Ariz</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe</u> Date <u>July 19, 1939</u>		Manner of injury _____ Nature of injury _____	
19. EMBALMER License No. <u>2201A</u> Signature <u>H. J. McCallan</u> FUNERAL DIRECTOR <u>Malco Mortuary</u> Address <u>Miami Ariz</u>		20. Filed <u>July 19, 1939</u> <u>J. E. Henderson</u> Registrar.		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>J. C. Harper</u> , M. D. (Address) <u>Globe, Ariz</u>	

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.