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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

State File No. **165**

1. PLACE OF DEATH
 County Maricopa State ARIZONA Registered No. 1256
 Township _____ or Village _____
 City Phoenix No. 1st St. & Railroad Tracks 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 13 yrs. 11 mos. 27 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Claude Wilbur Moore How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: 714 E. Polk (Usual place of abode) (If non-resident give city or 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>Oct. 14, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Elenora Evelyn Venable Moore</u> (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ First saw h. _____ alive on _____; death is said to have occurred on the date stated above <u>1200</u> a. m.	
6. DATE OF BIRTH (month, day, and year) <u>Oct. 17, 1918</u>				The principal cause of death and related causes of importance were as follows: <u>Said death was the result of unavoidable accident due to Claude W. Moore's negligence.</u> Date of Onset <u>10/14/39</u>	
7. AGE	Years <u>20</u>	Months <u>11</u>	Days <u>27</u>	Other contributory causes of importance:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Deliveryman</u>				10. Date deceased last worked at this occupation (month and year) _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Paris</u> (State or Country) <u>Texas</u>				Name of operation _____ Date of _____	
13. NAME <u>Robert W. Moore</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) <u>Not Known</u> (State or Country) _____				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Acc</u> Date of injury <u>10/14/39</u> Where did injury occur? <u>Phoenix, Mar. Co., Ariz.</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place <u>Public Place</u>	
15. MAIDEN NAME <u>Julia Ferris</u>				Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (city or town) <u>Not Known</u> (State or Country) _____				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
17. INFORMANT <u>Wife</u> (Address) _____				If so, specify _____ (Address) _____ M. D.	
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood</u> Date <u>10-16-39</u>				19. EMBALMER { License <u>150-A</u> Signature <u>Henry T. Forman</u> FUNERAL DIRECTOR <u>Henry T. Forman</u> Address <u>Arizona Funeral Home</u>	
20. Filed <u>Oct 18, 1939</u>				Registrar <u>James L. Johnson</u> (Address) _____ CORONER _____	