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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.

SOCIAL SECURITY NO. None
Arizona State Board of Health
 BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. 575
 Township Globe or Village _____
 City Globe No. Gila County Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give the NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in _____ S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Ada Moore How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: _____ (Usual place of abode) _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>May 25, 1940</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 19 <u>40</u> , to <u>May 25</u> , 19 <u>40</u> . I last saw <u>her</u> alive on <u>May 24</u> , 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>9:30</u> a.m. AM The principal cause of death and related causes of importance were as follows: <u>Cardio-Vascular Readmission</u> Date of Onset _____	
6. DATE OF BIRTH (month, day, and year) <u>April 20, 1897</u>		7. AGE Years <u>40</u> Months <u>1</u> Days <u>5</u> If LESS than 1 day, _____ hrs. or _____ min.		Other contributory causes of importance: <u>Extreme Obesity</u>	
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. _____		Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		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 _____	
12. BIRTHPLACE (city or town) <u>Vernal</u> (State or Country) <u>Utah</u>		13. NAME <u>John Glenn</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
14. BIRTHPLACE (city or town) <u>Utah</u> (State or Country) _____		15. MAIDEN NAME <u>Olive Haws</u>		(Signed) <u>M. O. Wheeler</u> , M. D. (Address) <u>Globe, Ariz.</u>	
16. BIRTHPLACE (city or town) <u>Utah</u> (State or Country) _____		17. INFORMANT <u>Mary Strohmeier</u> (Address) <u>Mesa Ariz.</u>		20. Filed <u>May 28, 1940</u> <u>W. F. Wheeler</u> Registrar	
18. BIRTHPLACE (city or town) <u>Globe</u> (State or Country) _____		19. EMBALMER { License No. <u>18-A</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License <u>10-A</u> <u>[Signature]</u> Address <u>Globe Ariz.</u>			