

1776

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 67
Registrar's No. 7

1. Place of Death: (a) County Gila (b) City or Town Hayden (c) Location Hayden (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution One year; In Community 35 years (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Hayden (If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. Yes yrs. _____
3. (a) FULL NAME Maudie Esther Moore (b) If veteran name war _____ (c) Social Security No. ✓ (If NONE write the word)

4. Sex Female 5. Color of Race White 6. (a) Single, married, widowed or divorced Married
(b) Name of husband or wife John E. Moore 6. (c) Age of husband or wife, if alive 40 yrs.
7. Birthdate of deceased Apr 27 1899
(Month) (Day) (Year)
8. AGE: Years 43 Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace Alpine Texas
(City, town or county) (State or Country)
10. Usual Occupation House wife
11. Industry or Business _____
Father { 12. Name Ernest K Smith
13. Birthplace Ann
(City, town or county) (State or Country)
Mother { 14. Maiden Name Tom P. Green
15. Birthplace Fulton Rock Ark.
(City, town or county) (State or Country)
16. (a) Informant's own signature John E. Moore
(b) Address Hayden Ariz.

17. (a) Burial, Cremation or Removal _____
(b) Place Globe (c) Date July 4, 1942
18. (a) Embalmer's Signature P. L. Hutton
(b) Funeral Director P. L. Hutton
(c) Address Waukegan Ariz
19. (a) July 2, 1942
(Date received local Registrar)
(b) M. B. Dachs
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 1, 1942
TIME (Hour and minute) 3:00 a.m.
21. I hereby certify that I attended the deceased from July 1, 1942 to July 1, 1942
that I last saw her alive on June 30, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Embolism (coronary)
Due to _____
Due to _____
Other conditions Chronic carditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy None obtained
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Charles H. Hutton M.D.
Address Hayden Date signed July 2, 1942

DURATION 5 min
PHYSICIAN
Underline the cause to which death should be charged statistically.