

**ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 83  
Registrar's No. 115

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Co. Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 1 week; In Community 20 yrs; in Arizona 40 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. Sullivan St; (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (If NONE write the word)  
3. (a) FULL NAME Lewis Moore (b) If Veteran name war \_\_\_\_\_ Social Security No. None

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Orretta Moore</u>	6. (c) Age of husband or wife, if alive _____ yrs.	
7. Birthdate of deceased <u>Sept. 27</u> (Month) (Day) (Year)		
8. AGE: Years <u>85</u>	Months _____	Days _____ If less than one day hrs. _____ min. _____
9. Birthplace <u>Plumett Grove Utah</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Farmer</u>		
11. Industry or Business _____		
Father	12. Name <u>Calvin Moore</u>	
	13. Birthplace <u>Unknown</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Unknown</u>	
	15. Birthplace <u>Unknown</u> (City, town or county) (State or Country)	

16. (a) Informant's own signature Mrs J W Ruyple  
(b) Address Miami, Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Final Cem. (c) Date Nov. 19, 42  
18. (a) Embalmer's Signature J. H. Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.  
19. (a) November 26-42  
(Date received local Registrar)  
(b) Joene Wauchoe  
(Registrar's Signature)

20M 100% Rag 9-19-41

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) Nov. 12, 1942;  
TIME (Hour and minute) 2:30 P. M.  
21. I hereby certify that I attended the deceased from November 5, 1942 to November 12, 1942;  
that I last saw him alive on November 12, 1942;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Hemorrhage, Cerebral  
Due to generalized arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

<b>DURATION</b>	<u>1 week</u>
<b>PHYSICIAN</b>	<u>J. H. Miles Jr.</u>

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(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 J. H. Miles Jr. M. D.  
Address Globe Arizona Date signed 11/21/42