2847

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 103B
Registrar's No.

1. Place of Death: (a) County Greenley (b) City or Town Franklin (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 30 years ; in Arizona 40 years (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz ; (b) County Greenley ; (c) City or Town Franklin (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (yes or No) No
If Yes, which country
3. (a) FULL NAME Curtis Bailey Moyers (b) If Veteran name war No (c) Social Security No. No

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife Laura G. Moyer
6. (c) Age of husband or wife, if alive 47 yrs.
7. Birthdate of deceased Nov. (Month) 17 (Day) 1885 (Year)
8. AGE: Years 57 Months 7 Days 10 If less than one day hrs. min.
9. Birthplace Manara (City, town or county) Colorado (State or Country)
10. Usual Occupation Farming
11. Industry or Business Own Farm
12. Name William Felix Moyer
13. Birthplace Rome (City, town or county) Georgia (State or Country)
14. Maiden Name Susan Ida Elledge
15. Birthplace Rome (City, town or county) Georgia (State or Country)
16. (a) Informant's own signature Curtis Louis Moyers
(b) Address Duncan Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Franklin Ariz (c) Date June 28 1943
18. (a) Embalmer's Signature
(b) Funeral Director C. S. Seadlock & L. C. Moyers
(c) Address Franklin Arizona
19. (a) 6-30-43 (Date received local Registrar)
(b) Eugene Romney (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 27, 1943
TIME (Hour and minute) 1:30 A.M. M.
21. I hereby certify that I attended the deceased from June 17, 1943 to June 20, 1943; that I last saw him alive on June 20, 1943; and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Decomposition
Due to Arteriosclerosis
Hemoplegia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
14 days
10 years
30 days

PHYSICIAN
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 [illegible] M. D.
Address Safford Ariz Date signed 6-27-43

100M 100% Pag 8-42 B. Co. County File No. Date Received