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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 33

Registrar's No. _____

1. Place of Death: (a) County Pinal (b) City or Town Duncan (c) Location Highway 90
(If outside city limits also write RURAL) (St. No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 13 years; in Arizona 13 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Duncan Road
(If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____

3. (a) FULL NAME Sammy Lee Mosley (b) If Veteran name war 1/10 (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased July 23, 1930
(Month) (Day) (Year)

8. AGE: Years 13 Months 3 Days 18 If less than one day hrs _____ min _____

9. Birthplace Duncan - Greenlee - Ariz.
(City, town or county) (State or Country)

10. Usual Occupation School

11. Industry or Business School

Father } 12. Name Roy Samuel Mosley

13. Birthplace Luak - Chetaw - Okla.
(City, town or county) (State or Country)

Mother } 14. Maiden Name Viola Jane Hicks

15. Birthplace Vance, Edwards, Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Rose L. ...

(b) Address Duncan Ariz.

17. (a) Burial, Cremation or Removal Funeral Home

(b) Place Franklin (c) Date 11-12-1943

18. (a) Embalmer's Signature J. J. ...

(b) Funeral Director J. J. ...

(c) Address Clepton Ariz

19. (a) 11-18-43
(Date received local Registrar)

(b) Eugene Romney
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 10, 1943
TIME (Hour and minute) 5:50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death traumatism - fractures and lacerations

Due to truck striking her on highway bridge

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy fractures of arms, legs and skull

DURATION _____
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) Accident

(b) Date of occurrence November 10, 1943

(c) Where did injury occur? Near Franklin, Pinal, Ariz
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway 90
(Specify type or place)

While at work? No (e) Means of injury Crushing by truck

23. Signature A. J. ... M. P. _____
Address Duncan, Ariz Date signed 11-12-43