

1930

SOCIAL SECURITY NO. Arizona State Board of Health BUREAU OF VITAL STATISTICS

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STANDARD CERTIFICATE OF DEATH 1. PLACE OF DEATH County: Gila State: ARIZONA City: San Carlos 2. FULL NAME: Byron Moses

PERSONAL AND STATISTICAL PARTICULARS 3. SEX: Male 4. COLOR OR RACE: Apache 4/4 5. SINGLE, MARRIED, WIDOWED, or DIVORCED: Single 6. DATE OF BIRTH: 6-11-44 7. AGE: 1 year, 17 days 8. Trade, profession, or particular kind of work done: None 9. Industry or business in which work was done: None 10. Date deceased last worked at this occupation: None 11. Total time (years) spent in this occupation: None 12. BIRTHPLACE: Bylas, Arizona 13. NAME: Amos Moses 14. BIRTHPLACE: Bylas, Arizona 15. MAIDEN NAME: Mable Kozi 16. BIRTHPLACE: Bylas, Arizona 17. INFORMANT: Amos, Moses 18. BURIAL, CREMATION, OR REMOVAL: Burial 19. EMBALMER: None 20. Filed: 7-29-44

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH: 7-28-44, 1944 22. I HEREBY CERTIFY, That I attended deceased from 6-11-44, 1944, to 7-28-44, 1944. I last saw him alive on 7-28, 1944; death is said to have occurred on the date stated above, at 6:25 A.M. The principal cause of death and related causes of importance were as follows: Septicemia. Date of Onset: 1 week. STREPTOCOCCUS INFECTION. Boils Head, Face & Body. Other contributory causes of importance: Name of operation: Date of: What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 1944. 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: 24. Was disease or injury in any way related to occupation of deceased? If so, specify: F. J. [Signature], M. D. (Address) San Carlos, Arizona

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. San Carlos Agency, San Carlos, Arizona.