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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. 107

Registrar's No. 105

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 162 Cottonwood St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 50 years; in Arizona 50 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 162 Cottonwood St.; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME John Joseph Moloney (b) If Veteran name war No (c) Social Security No. None

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

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

7. Birthdate of deceased June 21 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 26
If less than one day hrs. _____ min. _____

9. Birthplace Cloverfield, Limerick, Ireland
(City, town or county) (State or Country)

10. Usual Occupation Meat Market Operator- Retired

11. Industry or Business _____

Father { 12. Name Michael Moloney
13. Birthplace Ireland
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Murphy
15. Birthplace Ireland
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. May A. Moloney
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 9/20/44 19__

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) Oct. 8 - 44
(Date received local Registrar)

(b) James W. ...
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 17th 1944, 19__
TIME (Hour and minute) 7:40 PM M.

21. I hereby certify that I attended the deceased from Sept. 1, 1944 to Sept. 17, 1944; that I last saw him alive on Sept. 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to _____

Due to _____

Other conditions Semity
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

DURATION
2 years
2 yrs.
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 J. S. Harper M. D.
Address Globe, Ariz. Date signed 10-4-44