

1748

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 92
Registrar's No. 5
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 742 Blake St.
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 3 yrs.; In Arizona 25 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. 742 Blake St.; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. No

3. (a) FULL NAME Jessie Moran (b) If Veteran name war _____ (c) Social Security No. No

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Married
 White Indian Negro Oriental White

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

7. Birthdate of deceased May 18th 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 7 If less than one day hrs. _____ min. _____

9. Birthplace Ohio
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name John Estill

13. Birthplace Ohio
(City, town or county) (State or Country)

14. Maiden Name No Record

15. Birthplace No Record
(City, town or county) (State or Country)

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

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 12/29/44

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

19. (a) Jane P. - 45
(b) Jessie Moran
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 25th 1944
TIME (Hour and minute) 1:40 PM M.

21. I hereby certify that I attended the deceased from Oct. 1, 1944 to Dec. 25, 1944; that I last saw her alive on Dec. 25, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death uremia complicating chronic nephritis
Due to also arterio sclerosis with hypertension + myocarditis
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION about 1 yr.
about 5 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 T. C. Harper M. D.
Address Globe Ariz. Date signed 12-29-44