

1945

Harper

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **78**
Registrar's No. **49**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **632 South Second St.**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community **Life**; In Arizona **Life**
(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. **632 South Second St.**; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME **Mary Nell Moir** (b) If Veteran name war **No** (c) Social Security No. **No**

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

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

7. Birthdate of deceased **April 22nd 1940**
(Month) (Day) (Year)

8. AGE: Years **5** Months **1** Days **1** If less than one day hrs. _____ min. _____

9. Birthplace **Globe, Arizona**
(City, town or county) (State or Country)

10. Usual Occupation **Student**

11. Industry or Business _____

Father 12. Name **Walter D. Moir**
13. Birthplace **Globe, Arizona**
(City, town or county) (State or Country)

Mother 14. Maiden Name **Elizabeth Ann Murphy**
15. Birthplace **Globe, Arizona**
(City, town or county) (State or Country)

16. (a) Informant's own signature **V. C. Murphy**
(b) Address **Globe, Arizona**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Globe, Ariz.** (c) Date **5-27-45** 19**45**

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

19. (a) **June 2-1945** (Date received Local Registrar)
(b) **Doreen Wawulle** (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) **May 23rd, 1945**
TIME (Hour and minute) **8:30 PM** M.

21. I hereby certify that I attended the deceased from **May 23** 19**45** to **May 23** 19**45** that I last saw her **after death** - **May 23, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Streptococic throat infection**

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____

Of autopsy _____

DURATION **2 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 **T. S. Harper** M. D.
Address **Globe, Ariz.** Date signed **5-28-45**