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91

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 23

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Ice House Canyon
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 38 years; In Arizona 40 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. Read. Ice House Canyon; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. No
3. (a) FULL NAME Walter Moir (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Widower
White Indian Negro
Oriental White 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased June 19th 1867
(Month) (Day) (Year)
8. AGE: Years 78 Months 7 Days 26 If less than one day hrs. _____ min. _____
9. Birthplace Scotland
(City, town or county) (State or Country)
10. Usual Occupation Painter - retired.
11. Industry or Business _____
Father } 12. Name Moir
13. Birthplace Scotland
(City, town or county) (State or Country)
Mother } 14. Maiden Name No record
15. Birthplace Scotland
(City, town or county) (State or Country)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Feb. 15th 1946 M.
TIME (Hour and minute) 6:45 AM
21. I hereby certify that I attended the deceased from Feb. 4 1946 to Feb. 15th 1946.
that I last saw him alive on Feb. 14 1946.
and that death occurred on the date and hour stated above.
Immediate cause of death Hypostatic pneumonia
Chronic passive congestion
Due to Arterio-sclerotic heart disease
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
3 days
7.6 months
PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Walter D. Moir
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. Date 2/20/46
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) Feb. 27 1946
(Date received Local Registrar)
(b) Inna Wausler
(Registrar's Signature)

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 Brain
23. Signature Walter M. O'Brien M. D.
Address Globe, Arizona Date signed Feb. 20 1946