

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 175

Registrar's No. 27

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Miami Inspiration Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 Days; In Community 22 years; In Arizona 32 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 308 Tinkerville - Miami Hill; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME William John Moss (b) If Veteran name war World War I (c) Social Security No. 526-07-1776

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

6. (b) Name of husband or wife Daisy Moss 6. (c) Age of husband or wife, if alive 46 yrs.

7. Birthdate of deceased May 13 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 14 If less than one day
hrs. min.

9. Birthplace St. Hustell England
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business

Father { 12. Name William John Moss
13. Birthplace St. Hustell England
(City, town or county) (State or Country)

Mother { 14. Maiden Name Martha Weston
15. Birthplace St. Hustell England
(City, town or county) (State or Country)

16. (a) Informant's own signature Daisy Moss
(b) Address 308 Tinkerville

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz (c) Date Apr 7 1946

18. (a) Embalmer's Signature J. May Miles Jr
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz

19. (a) April 11 1946
(Date received by Local Registrar)
(b) Perm D. Brown
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 4 1946
TIME (Hour and minute) 8:15 P.M.

21. I hereby certify that I attended the deceased from April 4 1946 to April 4 1946
that I last saw him alive on April 3-4 1946, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Coronary thrombosis

Due to myocardial infarction

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION

30 days
1 year
1 year

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 [Signature] M. D.
Address [Address] Date signed 4-9-46