

662

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 60  
Registrar's No. 57

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Barber Shop N. Broad.  
(If outside city limits also write RURAL) (St. & No. (or) Name of institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 42 yrs; In Arizona Same  
(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. 529 South High St. (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If yes, which country \_\_\_\_\_ (f) Social Security No. No

3. (a) FULL NAME Louis Gwaltney Moyers (b) If Veteran name war No

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

6. (b) Name of husband or wife Margaret S. Moyers or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased April 11 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 5 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation Accountant-retired

11. Industry or Business \_\_\_\_\_

Father { 12. Name Felix Moyers 13. Birthplace Georgia  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Bailey 15. Birthplace No record  
(City, town or county) (State or Country)

16. (a) Informant's own signature Margaret S. Moyers  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Ariz. (c) Date 5/19/46

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

19. (a) May 25 1946  
(Date received Local Registrar)

(b) Jane Trausell  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 16th 1946 19\_\_\_\_; TIME (Hour and minute) 5 PM M.

21. I hereby certify that I attended the deceased from April 1 to May 16, 1946, that I last saw him alive on May 15, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic myocarditis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within three months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

3 2/3

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? (Specify type of place) \_\_\_\_\_

23. Signature [Signature] M. D. Address [Signature] Date signed 5/19/46