

9290

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**SOCIAL SECURITY NO.**  
**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Gila  
Township San Carlos  
City San Carlos State ARIZONA or Village --- Registered No. 68

Length of residence in city or town where death occurred. No. --- or  
(If death occurred in a hospital or institution, give its NAME instead of street and number) St. --- or Ward ---

2. FULL NAME MOSES, Wesley  
(a) Residence: Bylas, Arizona How long in U. S. if of foreign birth? --- yrs. --- mos. --- ds.  
How long in State when death occurred? Life yrs. --- mos. --- ds.  
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Indian 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ---

7. AGE  
Years 0 Months 8 Days 0 If LESS than 1 day --- hrs. or --- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or Country) Bylas, Arizona

MOTHER FATHER

13. NAME John Moses

14. BIRTHPLACE (city or town) (State or Country) Bylas, Arizona

15. MAIDEN NAME Marie Chova

16. BIRTHPLACE (city or town) (State or Country) San Carlos, Ariz.

17. INFORMANT (Address) Marie Moses, Bylas, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place San Carlos, Ariz. Date 8-3-47, 19---

19. EMBALMER { License No. N Signature O Address N

20. Filed 9/18, 1947 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2, 1947

22. Unattended I HEREBY CERTIFY, That I attended deceased from ---, 19---, to ---, 19---.  
I last saw h. --- alive on ---, 19---.  
said to have occurred on the date stated above, at Unknown; death is The principal cause of death and related causes of importance were as follows:  
Unknown

Date of Onset ---

Other contributory causes of importance: ---

Name of operation None Date of ---

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? --- Date of injury ---, 19---.  
Where did injury occur? --- (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify ---

(Signed) [Signature] M. D.  
(Address) San Carlos, Arizona