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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 490

Registrar's No.

1. Place of Death: (a) County Yuma (b) City or Town Rural (If outside city limits also write RURAL) (c) Location 12 Mi. East of Salome (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 14 Days (Specify whether years, months or days) ; In Arizona 21 Yrs

2. Usual Residence of Deceased: (a) State Ariz. ; (b) County Maricopa ; (c) City or Town Mesa (If outside city limits also write RURAL)

(d) Street No. 307, Second St. (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Helen Passey Moyers (b) If Veteran name war (c) Social Security No.

4. Sex: Female

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White

6. (a) Single, married, widowed or divorced: Divorced

6. (b) Name of husband or wife: Louis Moyers

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

7. Birthdate of deceased July (Month) (Day) 1917 (Year)

8. AGE: Years 30 Months Days If less than one day hrs. min.

9. Birthplace Panguitch (City, town or county) Utah (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

Father
12. Name James S. Passey
13. Birthplace Bear Lake (City, town or county) Idaho (State or Country)

Mother
14. Maiden Name Bertha Black
15. Birthplace Circle Valley (City, town or county) Utah (State or Country)

16. (a) Informant's own signature Floyd Passey
(b) Address Salome Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Mesa Ariz. (c) Date 7/21/47 19

18. (a) Embalmer's Signature H L Coffing
(b) Funeral Director H L Coffing
(c) Address Wickenburg Ariz.

19. (a) 7-18-47 (Date received Local Registrar)
(b) E. V. Hardy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 18, 1947, 19; TIME (Hour and minute) 1. A. M.

21. I hereby certify that I attended the deceased from , 19 to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death
Found Dead on Desert

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION

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 E. V. Hardy L.R.
Address Salome Ariz. Date signed July 18-1947

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