2378

State File No. 108

Registrar's No.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County GREENLEE (b) City or Town RURAL (If outside city limits also write RURAL) (c) Location 3 mi. EAST of DUNCAN (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution NONE; In Community 33 YRS.; in Arizona 33 YRS. (Specify whether years, months or days)

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

(d) Street No. ; (e) Citizen of foreign country (yes or No) NO If Yes, which country

3. (a) FULL NAME FRANCES MOSLEY (b) If Veteran name war (c) Social Security No.

4. Sex F | 5. Color or Race W | 6. (a) Single, married, widowed or divorced

6. (b) Name of husband or wife WILLIAM T. MOSLEY | 6. (c) Age of husband or wife, if alive 67 yrs.

7. Birthdate of deceased DEC. (Month) 20 (Day) 1873 (Year)

8. AGE: Years 73 | Months 3 | Days 20 | If less than one day hrs. min.

9. Birthplace BUTLER (City, town or county) ALABAMA (State or Country)

10. Usual Occupation HOUSEWIFE

11. Industry or Business

Father: 12. Name MOSES SHIRLEY; 13. Birthplace ALABAMA (City, town or county) (State or Country)

Mother: 14. Maiden Name MARY MOSINGO; 15. Birthplace ALABAMA (City, town or county) (State or Country)

16. (a) Informant's own signature William T. Mosley (b) Address Franklin Ariz.

17. (a) Burial, Cremation or Removal Franklin (b) Place Franklin (c) Date 9-24 19 47

18. (a) Embalmer's Signature (b) Funeral Director Memorial (c) Address

19. (a) (Date received local Registrar) (b) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9/22, 1947; TIME (Hour and minute) 1:45 P. M.

21. I hereby certify that I attended the deceased from JAN. 15, 1946 to 9/22, 1947; that I last saw h. alive on 9/22, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to HYPERTENSIVE HT. DISEASE

Due to DEBILITY INCIDENT TO AGE.

Other conditions (Include pregnancy within 3 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 Robert C. Thomas M.D. Date signed 9/22/47

Address Duncan, Ariz.

County File No. Date Received

20M 100% Rag 8-42 B. Co.