2721

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 416
Registrar's No.

1. Place of Death: (a) County Pinal (b) City or Town Sacaton (If outside city limits also write RURAL) (c) Location Box 1734 (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution Home; In Community 16 yrs. (Specify whether years, months or days); In Arizona 53 yrs.

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

(d) Street No. Box 1734 (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Archie Orrell Lamoreaux (b) If veteran name war No (c) Social Security No.

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

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

6. (b) Name of husband or wife: Avalon Moleta

6. (c) Age of husband or wife, if alive 61 yrs.

7. Birthdate of deceased Nov. 11, 1879 (Month) (Day) (Year)

8. AGE: Years 67 | Months 10 | Days 17 | If less than one day hrs. min.

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

10. Usual Occupation Farming Teacher

11. Industry or Business Sacaton Indian School

Father
12. Name Archibald R. Lamoreaux
13. Birthplace Preston, Idaho (City, town or county) (State or Country)

Mother
14. Maiden Name Lydia L. Crockett
15. Birthplace Logan, Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Avoline M. Lamoreaux
(b) Address Box 1734, Sacaton, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Mesa, Arizona (c) Date 9-28- 19 47

18. (a) Embalmer's Signature R. M. Daybell- 278
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) 10-8-47 (Date received Local Registrar)
(b) Ramona M. Gravelle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 28, 19 47; TIME (Hour and minute) 7 A. M.

21. I hereby certify that I attended the deceased from 7-18- 19 47 to 9-13- 19 47; that I last saw him alive on 9-13 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death Probably coronary occlusion — DURATION 3 days
Due to Coronary sclerosis — yrs.
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

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 O. Kelly Curtis M.D.
Address Phoenix Ariz. Date signed 9-29-47.

40M—100% Rag—1-47