

671

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **103**

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 604 North Broad St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 0 days; In Community 22 yrs; In Arizona 22 yrs  
(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. 604 North Broad Street; (e) Citizen of foreign country (Yes or No) NO  
3. (a) FULL NAME Gilbert Alonzo Moore (b) If Veteran name war World War I (c) Social Security No. none

4. Sex M 5. Race  White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband Helena G. Moore 6. (c) Age of husband or wife, if alive 48 yrs.  
7. Birthdate of deceased December 27, 1893  
(Month) (Day) (Year)  
8. AGE: Years 53 Months 11 Days 28 If less than one day \* -- min. \*\*\*  
9. Birthplace Berkely, California  
(City, town or county) (State or Country)  
10. Usual Occupation Hotel Mgr.  
11. Industry or Business Hotel Mgr'ng  
12. Name Andrew Moore  
13. Birthplace San Francisco, California  
(City, town or county) (State or Country)  
14. Maiden Name Josephine Moore  
15. Birthplace San Francisco, California  
(City, town or county) (State or Country)

16. (a) Informant's own signature Helena Moore (Wife) autopsy   
(b) Address 604 N. Broad St., Globe, Ar  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cemetery Date Nov 18, 1947  
18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director [Signature]  
(c) Address 328 S. Hill St., Globe, Ar  
19. (a) Nov. 15 - 47  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Nov. 15, 1947,  
TIME (Hour and minute) 2 a.m. M.  
21. I hereby certify that I attended the deceased from June, 1947 to Nov 15, 1947,  
that I last saw h-im alive on Nov 14, 1947,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis  
Due to Endocarditis  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within three months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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 [Signature] M. D.  
Address Globe, Ar Date signed Nov 15 1947

DURATION  
PHYSICIAN  
Underline the cause to which death should be charged statistically