1425

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1275
Registrar's No. 269

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Pima Co. Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 days; In Community 28 yrs; In Arizona 40 yrs (Specify whether years, months or days)

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

(d) Street No. Janes Station (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Nancy Ella Moore (b) If Veteran name war no (c) Social Security No. none

4. Sex Female 5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced widow

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

7. Birthdate of deceased April (Month) (Day) 1875 (Year)

8. AGE: Years 74 Months Days If less than one day hrs. ____ min. ____

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

10. Usual Occupation Housewife

11. Industry or Business

Father 12. Name Robert Littlefield
13. Birthplace Arkansas (City, town or county) (State or Country)

Mother 14. Maiden Name Emily Golbert
15. Birthplace Arkansas (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Lottie Hannas
(b) Address Box 3 Sonoita, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Elgin, Ariz (c) Date Feb. 17 1948

18. (a) Embalmer's Signature Earl R Green
(b) Funeral Director TUCSON MORTUARY
(c) Address Tucson, Arizona

19. (a) 2-16-48 (Date received Local Registrar)
(b) Teresa H. Drake Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 14 1948;
TIME (Hour and minute) 3 50 pm. M.

21. I hereby certify that I attended the deceased from 11 Feb 48, 19____, to 14 Feb 48, 19____, that I last saw her alive on 14 Feb 48, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Burns, 1st + 2nd degree, 40% body — DURATION

Due to Toxic absorption

Due to Shock

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations none

Of autopsy none

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) accident
(b) Date of occurrence 11 Feb 48
(c) Where did injury occur? Tucson (City or Town) Pima (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury fire

23. Signature [illegible] M. D.
Address Tucson, Ariz Date signed Feb 16-48

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s 40M—100% Rag—8-45