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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

State File No. 2577
Registrar's No. 94

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 12 days (Specify whether years, months or days); In Community 13 Years; In Arizona 13 Years

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)
(d) Street No. 1369 13th ST; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
(b) If veteran name war
(c) Social Security No.

3. (a) FULL NAME Elvira Moore Diaz

4. Sex Female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Joe M.
6. (c) Age of husband or wife, if alive 31 yrs.

7. Birthdate of deceased Feb (Month) 28 (Day) 1923 (Year)

8. AGE: Years 25 | Months 2 | Days 19 | If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business

Father
12. Name George Moore
13. Birthplace Sonora (City, town or county) Mexico (State or Country)

Mother
14. Maiden Name Ramona Durazo
15. Birthplace Cumpas (City, town or county) Mexico (State or Country)

16. (a) Informant's own signature J M Diaz
(b) Address 1369 13th ST

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date 5-19-48

18. (a) Embalmer's Signature [signature]
(b) Funeral Director Brown-Page
(c) Address Douglas, Ariz.

19. (a) May 17-1948 (Date received Local Registrar)
(b) E. W. Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-16-48, 19...;
TIME (Hour and minute) 2:50 PM M.

21. I hereby certify that I attended the deceased from 4/30/48, 19... to 5/16/, 1948; that I last saw her alive on 5/16/48; 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction — DURATION: 16 days
Due to Peritonitis — 16 days
Due to Retroperitoneal ruptured appendix — 16 days
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations same
Of autopsy same

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 Guy B. Atonna M. D.
Address Douglas Date signed 5/17/48

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