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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 592
STATE FILE NO. 3988
CERTIFICATE OF DEATH REGISTRAR'S NO. 68

DEATH 19 201 DENCE	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY Gila		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 217 South First Street		
IT 1 3 186 6 84	3. NAME OF DECEASED A. (FIRST) Mrs. Josephine Viola Moore B. (MIDDLE) C. (LAST)			4. SEX fe	5. COLOR OR RACE white
	6. MARRIED NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH DAY YEAR Feb 28 1863	B. AGE YEARS MONTHS DAYS 86 6 3	IF UNDER 24 HOURS HOURS MIN. ---	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife
	9B. KIND OF BUSINESS OR INDUSTRY housewife	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no *****	13. SOCIAL SECURITY NO. none
14A. FATHER'S NAME Frank Nowtney		14B. BIRTHPLACE (STATE OR COUNTRY) Bohemia	15A. MOTHER'S MAIDEN NAME Mary Adams		15B. BIRTHPLACE (STATE OR COUNTRY) Bohemia
16. INFORMANT'S SIGNATURE Mrs. Josephine Moore			17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 31, 1949 10:45 pm		
592 0 0 1	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Chemia</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Kidney (chronic nephritis)</u> DUE TO (c) <u>anemia cachexia</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>4 yrs</u> <u>25 yrs</u> <u>1 mo.</u>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Aug 31, 1949</u> TO <u>Aug 31, 1949</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Aug 31, 1949</u> AND THAT DEATH OCCURRED AT <u>10:45 pm</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <u>Robert B. Leonard, M.D.</u>		23B. ADDRESS <u>Globe, Ariz</u>		23C. DATE SIGNED <u>Sept 1, 49</u>	
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Sept 5, 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Crematory</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona.</u>		25A. DATE REC'D BY LOCAL REG. <u>9-2-49</u>		25B. REGISTRAR'S SIGNATURE <u>Inez Warrick</u>	
25C. FUNERAL DIRECTOR'S SIGNATURE <u>Frank D. Brady, Globe, Arizona</u>		25D. ADDRESS <u>Globe, Arizona</u>		25E. EMBALMER'S SIGNATURE <u>Frank D. Brady</u> CERT. NO. <u>248-A.</u>	