

CERTIFICATE OF DEATH

REGISTRAR'S NO.

29

BIRTH NO.

DEATH RESIDENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
	A. COUNTY <i>Yuma</i>		A. STATE <i>Arizona</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR RURAL) <i>Globe</i>		B. COUNTY <i>Yuma</i>	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>24 yrs 24 yrs</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Globe</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION) <i>604 N. Broad street</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>604 N. Broad street</i>	

IDENTIFICATION	3. NAME OF DECEASED		4. SEX	5. COLOR OR RACE	
	A. (FIRST) <i>Helena</i>		B. (MIDDLE) <i>Moore</i>	C. (LAST) <i>Moore</i>	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH <i>Nov 15 1899</i>	8. AGE YEARS MONTHS DAYS <i>50 4 28</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Hotel Manager</i>
	9B. KIND OF BUSINESS OR INDUSTRY <i>Hotel mgr</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Butte Montana</i>	11. CITIZEN OF WHAT COUNTRY? <i>U. S. a.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	13. SOCIAL SECURITY NO. <i>(unknown)</i>
14. FATHER'S NAME <i>John Konarski</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Poland</i>	15A. MOTHER'S MAIDEN NAME <i>Joanna Dunbrony</i>		
16. INFORMANT'S SIGNATURE <i>Beet R Moore</i>		ADDRESS <i>(power of attorney) Phoenix Arizona</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>April 13 - 1950 April 9 a.m.</i>	

CAUSE OF DEATH	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</i>		II. OTHER SIGNIFICANT CONDITIONS		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c): II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

OPERATION	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) (MIN) 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 _____ 19____ TO _____ 19____. THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <i>Beet R Moore</i>	(DEGREE OR TITLE) <i>Cover</i>	23B. ADDRESS <i>Globe Arizona</i>	23C. DATE SIGNED <i>4-15-50</i>
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BURIAL	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>April 18, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Kelke Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Globe, Arizona</i>
	25A. DATE REC'D BY LOCAL REG. <i>4-17-50</i>	25B. REGISTRAR'S SIGNATURE <i>Jane Wavalle</i>		26. GENERAL DIRECTOR'S SIGNATURE <i>Frank J. Healy</i> ADDRESS <i>Globe, Arizona</i>
			27. EMBALMER'S SIGNATURE <i>Frank J. Healy</i>	CERT. NO. <i>248-A.</i>