

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2108

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

29

04 04  
OF DEATH  
19  
AND  
RESIDENCE  
6

IDENT  
PERSONAL  
DATA 102  
0  
44-1

9290  
CAUSE  
OF  
DEATH  
EM 18) 0

ACTIONS,  
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DEATH  
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STRAR 2

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <b>Globe</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Globe</b>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>6mths</b> <b>2yrs</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Camp Globe East- 60-70</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Camp Globe 60-70</b>			

3. NAME OF DECEASED A. (FIRST) <b>Gene</b> B. (MIDDLE) <b>Ray</b> C. (LAST) <b>Moore</b> (TYPE OR PRINT)			4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>
6. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <b>Dec.</b> DAY <b>22</b> YEAR <b>1948</b>	8. AGE YEARS <b>2</b> MONTHS <b>3</b> DAYS <b>16</b>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>infant</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>infant</b>	11. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b> *****	13. SOCIAL SECURITY NO. <b>none</b>	
14A. FATHER'S NAME <b>Harold E. Moore</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Montana</b>	15A. MOTHER'S MAIDEN NAME <b>Edith Van Cleve</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>New Mexico</b>	
16. INFORMANT'S SIGNATURE <i>Harold E. Moore</i> ADDRESS <b>Globe Ariz</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>April 8, 1951 at approx 2:30 p.m.</b>		

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 CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH <b>Accidental Drowning by falling into a Cesspool</b>		INTERVAL BETWEEN ONSET AND DEATH
	2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>April 8 1950 M</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>By accidental falling into a Cesspool</b>

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>Chas. J. Smith</i> (DEGREE OR TITLE) <b>CORNER</b>	23B. ADDRESS <b>Box 811 Globe, Arizona</b>	23C. DATE SIGNED <b>4-9-51</b>
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>April 10, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Globe Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Globe, Arizona.</b>
25A. DATE REC'D BY LOCAL REG. <b>4-9-51</b>	25B. REGISTRAR'S SIGNATURE <i>Jesse James Wacker</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Jesse James Wacker</i> ADDRESS <b>Globe Ariz</b>	27. EMBALMER'S SIGNATURE <i>Jesse James Wacker</i> CERY. NO. <b>#323</b>