

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

807

17 OF DEATH AND 29 RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 22 yrs IN ARIZONA 22 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	C. CITY OR TOWN Phoenix		xx <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 1829 W. Spruce		D. STREET ADDRESS 1829 W. Spruce			
IDENT PERSONAL DATA 185 7 354	3. NAME OF DECEASED A. (FIRST) Frank B. (MIDDLE) M. C. (LAST) Moore			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Effie Plummer		7. DATE OF BIRTH MONTH Feb. DAY 11 YEAR 1868	8. AGE (IN YEARS) 85	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.
	9B. KIND OF BUSINESS OR INDUSTRY Farmer	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	11. CITIZEN OF WHAT COUNTRY? USA	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. Unk.
	14A. FATHER'S NAME Augustus Moore		14B. BIRTHPLACE (STATE OR COUNTRY) Unk.	15A. MOTHER'S MAIDEN NAME Margaret Davidson		15B. BIRTHPLACE (STATE OR COUNTRY) Unk.
	16. INFORMANT'S SIGNATURE Effie Moore ADDRESS 1829 W. Spruce			17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 31, 1954		

CAUSE OF DEATH EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. 2. 3. †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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Coronary Occlusion	DUE TO (B)		1 hr.
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (C)		
11. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, TOPSY	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)	
DEATH E TO ERNAL LENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 11, 1953 , TO Mar 31, 1954 THAT I LAST SAW THE DECEASED ALIVE ON March 19, 1954 , AND THAT DEATH OCCURRED AT 3:30 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE (DEGREE OR TITLE) Dean Jerry Moore M.D.	23B. ADDRESS 316W. McDowell Rd. Phoenix, Arizona	23C. DATE SIGNED April 2, 1954	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE April 5, 1954	24C. NAME OF CEMETERY OR CREMATORY Greenwood	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona

GENERAL DIRECTOR AND STRAR	25A. DATE REC'D BY LOCAL REG. 4/5/54	25B. REGISTRAR'S SIGNATURE Bulah Johnston	26. FUNERAL DIRECTOR'S SIGNATURE Henry T. Forman ADDRESS Phoenix, Ariz.
			27. EMBALMER'S SIGNATURE George M. Blake CERT. NO. 285