ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4434

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 124

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 33 yrs; IN ARIZONA 33 yrs
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1511 12th St

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Myrtle B. (MIDDLE) C. (LAST) Hall

4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 7 DAY 3 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 69 — IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
11. CITIZEN OF WHAT COUNTRY? U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Joseph C. Moore
14B. BIRTHPLACE (STATE OR COUNTRY): Ind.
15A. MOTHER'S MAIDEN NAME: Elizabeth Payton
15B. BIRTHPLACE (STATE OR COUNTRY): Ind
16. INFORMANT'S SIGNATURE: Myrle Hall ADDRESS: Douglas, Ariz.
17. DATE OF DEATH: (MONTH) Aug. (DAY) 21 (YEAR) 1954

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.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Generalized Carcinoma of Pleura and Entire Lung — INTERVAL BETWEEN ONSET AND DEATH: 3/8/54

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of Colon — 7
DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3/11/54
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon Metastasis to Pleura
20. AUTOPSY? YES ☐ NO ☒

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3/8, 1954, TO 8/21, 1954 THAT I LAST SAW THE DECEASED ALIVE ON 8/21, 1954 AND THAT DEATH OCCURRED AT 6:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Moses Allessi (DEGREE OR TITLE) M.D.
23B. ADDRESS: Douglas, Ariz.
23C. DATE SIGNED: 8/22/54

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 8-24-54
24C. NAME OF CEMETERY OR CREMATORY: Calvary
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz.
25A. DATE REC'D BY LOCAL REG.: Aug 24/54
25B. REGISTRAR'S SIGNATURE: Geo. Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Gordon Brown ADDRESS: Douglas
27. EMBALMER'S SIGNATURE: Gordon Brown CERT. NO. 238

FORM VS 2 REV. 1-1-53