

CERTIFICATE OF DEATH

BIRTH NO. 104 OF DEATH 19 LAND 20 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i>		REGISTRAR'S NO. <i>11</i>
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe</i>		
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) GIVE STREET HOSPITAL OR ADDRESS OR VOCATION) <i>Gila General Hospital</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		5. COLOR OR RACE <i>White</i>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>St. Elmo</i> B. (MIDDLE) <i>Murray</i> C. (LAST) <i>Murray</i>		4. SEX <i>Male</i>			
6. MARRIED NEVER <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>July</i> DAY <i>7</i> YEAR <i>1875</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>at a station</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>Office Co., Noyon Tex.</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Noyon Tex.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	
11. FATHER'S NAME <i>Unknown</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>		13. SOCIAL SECURITY NO. <i>526-00-9873</i>	
16. INFORMANT'S SIGNATURE <i>[Signature]</i>		14A. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (1). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED. 19A. DATE OF OPERATION <i>none</i>		17. DATE OF DEATH MONTH <i>Jan.</i> DAY <i>21</i> YEAR <i>1952</i>		15A. MOTHER'S MAIDEN NAME <i>Unknown</i>	
19B. MAJOR FINDINGS OF OPERATION		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> (b) <i>Atherosclerosis</i> (c) <i>10 yrs.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE		2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Bronchial asthma</i>		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) <i>none</i>		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan. 1, 1952</i> TO <i>Jan. 21, 1952</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Jan. 20, 1952</i> AND THAT DEATH OCCURRED AT <i>1:30 P.M.</i> FROM THE CAUSE AND ON THE DATE STATED ABOVE.		23C. DATE SIGNED <i>1-21-52</i>	
23A. SIGNATURE <i>J.C. Harper, M.D.</i>		23B. ADDRESS (DEGREE OR TITLE) <i>Globe Arizona</i>		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Greenwood cemetery Phoenix Ariz.</i>	
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE <i>Jan 23 1952</i>		24C. NAME OF CEMETERY OR CREMATORY	
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
25C. LOCAL REG.		25D. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27. EMBALMER'S SIGNATURE <i>[Signature]</i>	
25E. LOCAL REG.		25F. REGISTRAR'S SIGNATURE <i>[Signature]</i>		28. EMBALMER'S SIGNATURE <i>[Signature]</i>	
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