ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3992

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 101

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CE OF DEATH
AND 11
AL RESIDENCE
0303

1. PLACE OF DEATH
A. COUNTY Cochise
B. LENGTH OF STAY: IN THIS TOWN 39 yrs; IN ARIZONA 39 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. COUNTY Cochise
C. CITY OR TOWN Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1413 20th St

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Neva B. (MIDDLE) Nina C. (LAST) Murchison
4. SEX: F
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Alonzo
7. DATE OF BIRTH: MONTH 9 DAY 19 YEAR 1916
8. AGE (IN YEARS LAST BIRTHDAY): 39 — 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): Ariz.
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: Amos Taylor
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Susie Hazelwood
15B. BIRTHPLACE (STATE OR COUNTRY): N.M.
16. INFORMANT'S SIGNATURE: Mr. Alonzo Murchison ADDRESS: Douglas, Ariz.
17. DATE OF DEATH: (MONTH) July (DAY) 18 (YEAR) 1955

CAUSE OF DEATH (ITEM 18)

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) Mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

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

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: July 12, 1955
19B. MAJOR FINDINGS OF OPERATION: Intestinal obstruction, mesenteric thrombosis
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

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?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 2, 1952 TO July 19, 1955 THAT I LAST SAW THE DECEASED ALIVE ON July 18, 1955, AND THAT DEATH OCCURRED AT 8:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: George N. Watson, M.D. (DEGREE OR TITLE)
23B. ADDRESS: Douglas, Arizona
23C. DATE SIGNED: 19 July 1955

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 7-21-55
24C. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz.
25A. DATE REC'D BY LOCAL REG.: July 21-55
25B. REGISTRAR'S SIGNATURE: Eva Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Pauline Brown — ADDRESS: Douglas
27. EMBALMER'S SIGNATURE: Pauline Brown
CERT. NO. 238

FORM VS 2 REV. 1-1-53