

CERTIFICATE OF DEATH

REGISTRAR'S NO. 52

PLACE OF DEATH AND USUAL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>35 Yrs</u> IN ARIZONA <u>35 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN <u>Miami</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u>		B. COUNTY <u>Gila</u>	
PRECEDENT PERSONAL DATA 1/6/7	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>1112 Live Oak St.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1112 Live Oak St.</u>			
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Mamie</u> B. (MIDDLE) <u>Murphy</u> C. (LAST) <u>Murphy</u>			4. SEX <u>Fem.</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>		
PERSONAL DATA 1/6/7	6B. NAME OF SPOUSE <u>Deceased</u>		7. DATE OF BIRTH MONTH <u>11</u> DAY <u>30</u> YEAR <u>1888</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>67 Yrs.</u>	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) <u>Housewife</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Montana</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>	
CAUSE OF DEATH TEM 18	14A. FATHER'S NAME <u>Mike Murphy</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>	
	16. INFORMANT'S SIGNATURE <u>Carl W Bieck</u>				ADDRESS <u>Miami, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Dec. 21, 1955</u>	
CAUSE OF DEATH TEM 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.				MEDICAL CERTIFICATION (A) <u>Coronary Thrombosis</u> DUE TO (B) <u>Cardiovascular - renal disease 10 yrs.</u> DUE TO (C) _____	
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Cancer and left breast</u>		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan</u> , 19 <u>50</u> , TO <u>Dec. 21</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Dec. 1</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>9:30</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE <u>D. V. Callahan M.D.</u>			22B. ADDRESS <u>2216 623 Miami, Ariz</u>				22C. DATE SIGNED <u>12-22-55</u>
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Dec. 23, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>		
GENERAL REGISTRY AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>12/30/55</u>		26B. REGISTRAR'S SIGNATURE <u>Paula Gonzalez</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>[Address]</u>	