ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4340

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 124

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 8 hrs. IN ARIZONA 8 hrs.
C. CITY OR TOWN: Yuma — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma County General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Somerton — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 841, Somerton
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Cecilia B. (MIDDLE) * C. (LAST) Murphy

4. SEX: F
5. COLOR OR RACE: Mexican
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): N.M.
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 6 DAY 17 YEAR 1957
8. AGE (IN YEARS LAST BIRTHDAY): 0 — IF UNDER 1 YEAR: MONTHS 0 DAYS 0 — IF UNDER 24 HRS.: HOURS 8 MIN. 55
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): None
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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): None
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Joe Q. Murphy
14B. BIRTHPLACE (STATE OR COUNTRY): New Mexico
15A. MOTHER'S MAIDEN NAME: Helen De La Torre
15B. BIRTHPLACE (STATE OR COUNTRY): New Mexico
16. INFORMANT'S SIGNATURE: Joe Q. Murphy, ADDRESS: Box 841 Somerton
17. DATE OF DEATH: (MONTH) June (DAY) 17 (YEAR) 1957

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
(A) Prematurely (5 mo) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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

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

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/17/57, 19__, TO 6/17/, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON 6/17/57, 19__, AND THAT DEATH OCCURRED AT 1:00 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: 201 1st Avenue, Yuma, Ariz.
22C. DATE SIGNED: 6/18/57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural cause
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: G.
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6/20/57
25C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 6-20-1957
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature] Yuma Mortuary
27B. ADDRESS: 551 16th Street
28. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 255 A

FORM VS-2 REV. 3-15-55 [illegible]1

DEATH CERTIFICATE OF DEATH AND VITAL RESIDENCE 0342 — DECEDENT PERSONAL DATA — CAUSE OF DEATH (ITEM 18) — OPERATIONS, AUTOPSY — MEDICAL CERTIFICATION — CORONER'S CERTIFICATION — FUNERAL DIRECTOR AND REGISTRAR