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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0383

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 359

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 2½ mos. IN ARIZONA: 4 yrs.
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Arizona State Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 614½ East 25th Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOHN B. (MIDDLE) HARRY C. (LAST) MURPHY

4. SEX: M
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Effie Mason Murphy
7. DATE OF BIRTH — MONTH: 1 DAY: 11 YEAR: 1880
8. AGE (IN YEARS LAST BIRTHDAY): 80 — 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): Farmer
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unknown (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: 526 14 7219A
14A. FATHER'S NAME: William Gaines Murphy
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Louisa Scott
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Arizona State Hospital Records ADDRESS:
17. DATE OF DEATH — MONTH: January DAY: 25, YEAR: 1960

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — Unknown
DUE TO (C) Generalized Arteriosclerosis — Unknown

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 11-12-59 TO 1-25-60 THAT I LAST SAW THE DECEASED ALIVE ON 1-25-60 AND THAT DEATH OCCURRED AT 1:30P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Samuel Wolk (DEGREE OR TITLE): M.D., Director
22B. ADDRESS: 2500 East Van Buren, Phoenix
22C. DATE SIGNED: 1-26-60

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

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

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Jan 26, 1960
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 1/26/60
26B. REGISTRAR'S SIGNATURE: Beulah J. Linden
27A. FUNERAL DIRECTOR'S SIGNATURE: Otto Moore
27B. ADDRESS: Phoenix, Ariz.
28A. EMBALMER'S SIGNATURE: James S. Hemmen
28B. EMBALMER'S CERT. NO.: 310

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OF DEATH / AND / RESIDENCE 5101 — 1 — EDENT / SONAL / ATA 180 4 160 — 7210 — USE / OF / ATH / M 18) — TIONS / OPSY — ICAL / ICATION — DEATH DUE TO EXTERNAL VIOLENCE — NER'S / CATION — ERAL / CTOR / ND / TRAR