

3496

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Gila State: Arizona Registered No. 135-23
District or Township: Mearm City: Mearm
2. FULL NAME: Mrs Julia Murphy
(a) Residence, No. (Usual place of abode) St., Ward.
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. COLOR or RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH: January 1929
7. AGE: 65 Years Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) St Louis (State or country) Mo

10. NAME OF FATHER: St O'Connell

11. BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER Ireland (city or town) (State or country)

14. Informant Mrs John Hagan (Address) Superior Ariz

15. Filed Jan 24 29 C.E. Moran Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 24 1929
17. I HEREBY CERTIFY, That I attended deceased from 1-20 1929 to 1-24 1929 that I last saw her alive on 1-24 1929 and that death occurred, on the date stated above, at 3:30 p.m. The CAUSE OF DEATH* was as follows:

apoplexy myocarditis

(duration) yrs. mos. ds. High Blood pressure

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 7

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Paralysis (Signed) H.W. Birrell, M.D. 19 (Address)

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Prescott Ariz. DATE OF BURIAL: Jan 26, 1929

20. UNDERTAKER: J. H. Miles ADDRESS: Mearm

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.