

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

Dr. Cron
STATE FILE NO. **43**

STANDARD CERTIFICATE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 63

TOWNSHIP _____ OR VILLAGE _____ OR
CITY Miami NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Mrs. Minnie M. Murray HOW LONG IN STATE WHEN DEATH OCCURRED 30 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. 301 Miami Highway ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Elmo Murray
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
	<u>55</u>			

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTY) Ky.

MOTHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____

17. INFORMANT Elmo Murray (ADDRESS) Miami, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Prinal Cemetery DATE Nov. 5, 1935

19. EMBALMER { LICENSE NO. 209-A SIGNATURE Dalton H. Cole FUNERAL DIRECTOR Miles Mortuary ADDRESS Miami, Arizona

20. FILED December 10th 1935 REGISTRAR Byrl M. Cron (ADDRESS) Miami, Arizona

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4th 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM October 1st 1935 TO November 4th 1935
I LAST SAW H. alive ON November 4th 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Chronic myocarditis with a large multilocular ovarian cyst.

DATE OF ONSET 1932

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION none DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? none WAS THERE AN AUTOPSY? NO

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? NO DATE OF INJURY _____, 19____

WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____

MANNER OF INJURY none

NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? NO

IF SO, SPECIFY _____

(SIGNED) Byrl M. Cron M. D. (ADDRESS) Miami, Arizona