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Dr. Harper

Arizona State Board of Health

STATE FILE NO. 82

STANDARD CERTIFICATE OF DEATH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 COUNTY: Gila STATE: ARIZONA REGISTERED NO. 48
 TOWNSHIP _____ OR VILLAGE _____ OR
 CITY: Globe NO. 662 Fegan St 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.
 IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Joseph Cornelius Murphy
 (A) RESIDENCE: NO. 662 Fegan St. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 (USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1892
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. 44 3 14
 OCCUPATION 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Structural Iron Worker
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. O.D. Co.
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) May 30, 1931 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Butte, Montana
 FATHER 13. NAME Joseph J. Murphy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ireland
 MOTHER 15. MAIDEN NAME Mary Leary
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ireland
 17. INFORMANT M.F. Murphy
 (ADDRESS) Globe, Arizona
 18. BURIAL, CREMATION, OR REMOVAL PLACE Globe NOW Cem. DATE May 14, 1936
 19. EMBALMER LICENSE NO. 18-A SIGNATURE J. J. [Signature]
 FUNERAL DIRECTOR 10-A SIGNATURE J. J. [Signature]
 ADDRESS Globe, Arizona
 20. FILED May 15, 1936 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1936
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug. 15 TO May 12, 1936
 I LAST SAW HIM ALIVE ON May 12, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:30 P.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Mitral Stenosis DATE OF ONSET To my knowledge Aug. 15, 1935
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Paraneuronal Nephritis, Chr. To my knowledge Aug. 15, 1935
 NAME OF OPERATION None DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? Examination WAS THERE AN AUTOPSY? No
 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ 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 _____
 NATURE OF INJURY _____
 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? To my knowledge - No
 IF SO, SPECIFY _____ M. D. J.C. Harper
 (SIGNED) Globe, Arizona
 (ADDRESS)

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.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION