

598

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Gila State ARIZONA State File No. 64
Township _____ or Village _____ Registered No. 66
City Globe No. 662 Fegan St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. _____ mos. _____ ds. How long in U. S. of foreign birth? 36 yrs. _____ mos. _____ ds.

2. FULL NAME Mary Murphy How long in State when death occurred? 36 yrs. _____ mos. _____ ds.
(a) Residence: No. 662 Fegan St. St. _____ Ward _____ (If non-resident give city or town and state)

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|--|--|----------------|--|--|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Widowed</u> | | | 21. DATE OF DEATH (month, day, and year) <u>July 10, 1938</u> | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | | | 22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 1st, 1938</u> , to <u>July 10, 1938</u> I last saw her alive on <u>July 10, 1938</u> ; death is as to have occurred on the date stated above, at <u>5:55 PM</u> | |
| 6. DATE OF BIRTH (month, day, and year) <u>3/17/1860</u> | | | | | The principal cause of death and related causes of importance were as follows: | |
| 7. AGE | Years <u>78</u> | Months <u>3</u> | Days <u>23</u> | If LESS than 1 day, _____ hrs. or _____ min. | Date of Onset <u>Abon 1938</u> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u> | | | | Chronic nephritis - Chronic myocarditis - Arteriosclerosis | |
| | 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 _____ | | | | | Other contributory causes of importance: _____ | |
| 12. BIRTHPLACE (city or town) <u>Bere Haven,</u> (State or Country) <u>County Cork, Ireland</u> | | | | | Name of operation <u>none</u> Date of _____ | |
| FATHER | 13. NAME <u>O'Leary</u> | | | | What test confirmed diagnosis? <u>Examination</u> Was there an autopsy? <u>no</u> | |
| | 14. BIRTHPLACE (city or town) <u>Ireland</u> (State or Country) _____ | | | | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ | |
| MOTHER | 15. MAIDEN NAME <u>Harrington</u> | | | | Where did injury occur? _____ (Specify city or town, county and State) | |
| | 16. BIRTHPLACE (city or town) <u>Ireland</u> (State or Country) _____ | | | | Specify whether injury occurred in industry, in home, or in public place _____ | |
| 17. INFORMANT <u>Mrs. Kate O'Brien</u> (Address) <u>Globe, Arizona</u> | | | | | Manner of injury _____ | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe WOW Cem.</u> Date <u>7/13/38</u> 19____ | | | | | Nature of injury _____ | |
| 19. EMBALMER License No. <u>18-A</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License # <u>10-A</u> Signature <u>[Signature]</u> Address <u>Globe, Arizona</u> | | | | | 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> | |
| 20. Filed <u>July 17, 38</u> Registrar <u>[Signature]</u> Address <u>Globe, Arizona</u> | | | | | If so, specify _____ (Signed) <u>J. Harper</u> M. (Address) <u>Globe, Arizona</u> | |