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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

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township _____ or Village _____
 City Globe No. Gila County Hospital Ward _____
 (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... yrs. mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
 2. FULL NAME James Murray How long in State when death occurred? yrs. mos. ds.
 (a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Jan. 9, 1939</u>	22. I HEREBY CERTIFY, that I attended deceased from <u>Jan. 1, 1939</u> to <u>Jan. 9, 1939</u> . last saw him alive on <u>Jan. 9, 1939</u> ; death is said to have occurred on the date stated above, at <u>7-35 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic emphysema & asthma</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>1865</u>	7. AGE Years _____ Months _____ Days _____ <u>74</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset <u>Nov 10</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance:	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) (State or Country) <u>No record</u>		13. NAME <u>No record</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or Country)		15. MAIDEN NAME <u>No record</u>		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.	
16. BIRTHPLACE (city or town) (State or Country)		17. INFORMANT (Address) <u>County Hospital Records Globe Arizona</u>		Manner of injury _____ Nature of injury _____	
18. BURIAL PLACE <u>Globe Cemetery</u> Date <u>Jan. 17, 1939</u>		19. EMBALMER (Address) <u>Globe Arizona</u>		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ M. D.	
20. Filed <u>Jan. 17, 1939</u> Registrar <u>James Wallace</u>		License No. <u>115-A</u> Signature <u>[Signature]</u> License <u>10-A</u> Address <u>Globe Arizona</u>		(Signed) <u>R. D. Kermack</u> M. D. (Address) <u>Globe Arizona</u>	