

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 65

Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 days; In Community 4 years; In Arizona 5 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits write RURAL)

(d) Street No. 34 Van Winkle Can.; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Frank William Murphy (b) If veteran name was _____ (c) Social Security No. 526-05-9894
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Margaret Murphy</u>		6. (c) Age of husband or wife, if alive..... yrs.
7. Birthdate of deceased (Month) <u>Jan.</u> (Day) <u>14</u> (Year) <u>1904</u>		
8. AGE: Years <u>36</u>	Months <u>6</u>	Days <u>27</u>
If less than one day hrs. _____ min. _____		

9. Birthplace Kansas City, Kansas
(City, town or county) (State or Country)

10. Usual Occupation Mill Operator

11. Industry or Business Miami Cop. Co.

Father { 12. Name Arthur E. Murphy
13. Birthplace Sabina, Ohio
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary E. Carlson
15. Birthplace Sweeden
(City, town or county) (State or Country)

16. (a) Informant's own signature A. L. Murphy
(b) Address Kansas City, Kan.

17. (a) Burial, Cremation or Removal Removal
(b) Place Kansas City (c) Date July 13, 1940

18. (a) Embalmer's Signature J. H. ...
(b) Funeral Director Walter ...
(c) Address Miami, Ariz.

19. (a) July 13 - 40
(Date received local registrar)
(b) Kelam D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 11, 1940;
TIME (Hour and minute) 11:15 P.M.

21. I hereby certify that I attended the deceased from July 8-40
July 11 to July 11, 1940;
that I last saw h. in alive on July 11 - 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
following Post Operative
Pneumonia

Due to _____

Due to Operation for Prostate
Glandular Ulcer

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L. E. Edwards M.D.
Address Miami Date signed 7-12-40