

1824

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 235  
Registrar's No. 3384

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 32nd & Orange Rd.  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 1 Week ; In Community 25 yrs. ; In Arizona 25 yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Phoenix  
(If outside city limits write RURAL)  
(d) Street No. 314 East Roosevelt Street ; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Marguerite Loretta Wurth (b) If veteran \_\_\_\_\_ (c) Social Security No. 527-09-0164  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased August 4th, 1915  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
25 - 7 hrs. min.

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

10. Usual Occupation Stenographer

11. Industry or Business W.P.A. - Adm. Dept.

12. Name Felix Martin Wurth  
13. Birthplace Kentucky  
(City, town or county) (State or Country)

14. Maiden Name Mary Christina Miller  
15. Birthplace Kentucky  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Mary C. Wurth (Mother)  
(b) Address 314 East Roosevelt Street

17. (a) Burial, Cremation or Removal Burial  
(b) Place St. Francis Cemetery (c) Date Aug. 23, 1940

18. (a) Embalmer's Signature W. L. Murphy  
(b) Funeral Director W. L. Murphy  
J. T. Whitney Funeral Home, Phoenix  
(c) Address \_\_\_\_\_

19. (a) August 22 - 1940  
Date received local Registrar  
(b) James L. Johnson  
(Registrar's Signature)

6M 100% Rag 14-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 21, 1940  
TIME (Hour and minute) 1:30 A.M.

21. I hereby certify that I attended the deceased from 8/13/40 to 8/20/40, 19\_\_\_\_; that I last saw her alive on 8/20/40, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Acute Poisoning  
a gradual poisoning of  
bronchopneumonia  
Due to Asphyxiation  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION	PHYSICIAN
<u>(?)</u>	Underline the cause to which death should be charged statistically.
<u>5 days</u>	

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) Accident  
(b) Date of occurrence Unknown  
(c) Where did injury occur? No injury known  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown  
(Specify type of place)  
While at work? Unknown (e) Means of injury Unknown

23. Signature [Signature] M.D.  
Address 305 E. 1st St., Phoenix, Ariz. Date signed 8/22/40