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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 202
Registrar's No. 33

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 17 yrs.; In Arizona 17 yrs.
(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 also write RURAL)
(d) Street No. 4105 A Highland Ave.; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Ray M. Kinley Muman (b) If veteran name was _____ (c) Social Security No. 526-07-2540
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Pearl Lorraine Muman or wife, if alive _____ yrs.
6. (c) Age of husband 21 1995
7. Birthdate of deceased (Month) Feb (Day) 21 (Year) 1995
8. AGE: Years 46 Months 2 Days 28 If less than one day hrs. _____ min. _____
9. Birthplace McCune Kansas (City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business Copper co.
Father { 12. Name Unknown
13. Birthplace _____ (City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace _____ (City, town or county) (State or Country)

16. (a) Informant's own signature Mabel M. Phillips
(b) Address Claypool Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Pearl Canyon (c) Date May 25 1941
18. (a) Embalmer's Signature J. M. Miller Jr.
(b) Funeral Director Thomas Mortuary
(c) Address Miami Ariz.
19. (a) May 24 1941 (Date received/Local Registrar)
(b) Steen & Brayton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 19 1941;
TIME (Hour and minute) 11:30 a. m.
21. I hereby certify that I attended the deceased from May 19-41,
1941 to May 19, 1941;
that I last saw him alive on May 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Coronary Thrombosis
Due to Heart Block
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 20 minutes
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) no
(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 Byril M. Brown M.D.
Address Miami Date signed May 20 1941