

1187

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 45
Registrar's No. 31

1. Place of Death: (a) County Cochise (b) City or Town Rural Cochise (c) Location OWN home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution NONE; In Community 32 yrs.; In Arizona 32 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Rural Cochise
(If outside city limits also write RURAL)
(d) Street No. _____
(e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Murry Mitchel Kimzey (b) If veteran name was _____ (c) Social Security No. NONE
(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 or wife Mamie Kimzey 6. (c) Age of husband or wife, if alive 51 yrs.
7. Birthdate of deceased Sept. 25 1882
(Month) (Day) (Year)
8. AGE: Years 59 Months 2 Days 26 If less than one day
hrs. _____ min. _____

9. Birthplace South Carolina
(City, town or county) (State or Country)
10. Usual Occupation Miner and Carpenter
11. Industry or Business Farmer
12. Name M. Kimzey
13. Birthplace South Carolina
(City, town or county) (State or Country)
14. Maiden Name Unknown
15. Birthplace Unknown
(City, town or county) (State or Country)
16. (a) Informant's own signature Mamie Kimzey
(b) Address Willcox, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Willcox, Ariz. (c) Date 6/22/41 19____
18. (a) Embalmer's Signature Frank W. Williams
(b) Funeral Director Frank W. Williams
(c) Address Willcox, Ariz.
19. (a) 6/23/41
(Date received local Registrar)
(b) J. P. Wilson
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 21, 1941;
TIME (Hour and minute) Approx 6:00 P.M. M.
21. I hereby certify that I attended the deceased from June 21
1941 only, 19____; that I last saw him alive on June 21, 1941;

and that death occurred on the date and hour stated above.
Immediate cause of death Sarcoma of right shoulder and neck
Due to Anemia anorexia
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
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 J. P. Wilson M.D.
Address Willcox, Arizona Date signed 6/23/41