

1225

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 81  
Registrar's No. 44  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution 1 Day; In Community 40 Yrs.; In Arizona 40 Yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Globe  
(If outside city limits also write RURAL)  
(d) Street No. 3611 Euclid Ave.  
3. (a) FULL NAME James P. Murphy (b) If veteran name year 1918 (c) If foreign born, in U. S. A. yrs. (d) 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 Martha E. Murphy 6. (c) Age of husband or wife, if alive, yrs.

7. Birthdate of deceased Sept. 4, 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 2 If less than one day hrs. min.

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

10. Usual Occupation Sta. Engineer

11. Industry or Business O.D. Mine Last Worked 1931

Father { 12. Name Joseph Murphy  
13. Birthplace Ill.  
(City, town or county) (State or Country)

Mother { 14. Maiden Name No Record  
15. Birthplace  
(City, town or county) (State or Country)

16. (a) Informant's own signature Martha E. Murphy  
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cem. (c) Date June 8, 1941

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona

19. (a) June 14 - 41  
(Date received local Registrar)  
(b) Gene Wauson  
(Registrar's Signature)

6M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 6, 1941;  
TIME (Hour and minute) 8:30 P. M.

21. I hereby certify that I attended the deceased from May 16, 1941 to June 6, 1941;  
that I last saw him alive on June 6, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage due to arterio-sclerosis and chronic nephritis

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
about 10 yrs  
about 10 yrs

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 T.C. Harper M. D.  
Address Globe, Ariz Date signed 6-12-41