

1776

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 173  
Registrar's No. 5973

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

(d) Length of Stay: In Hospital or Institution 3 Days; In Community 25 Yrs.; In Arizona 25 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. \_\_\_\_\_; (e) If foreign born, in U.S. \_\_\_\_\_ yrs.

3. (a) FULL NAME Walter Gray Murphy (b) If veteran name war \_\_\_\_\_ (c) Social Security No. None  
(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>Bertha E. Murphy</u>		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>Sept. 15, 1878</u> (Month) (Day) (Year)		
8. AGE: Years <u>62</u>	Months <u>9</u>	Days <u>23</u> If less than one day hrs. _____ min. _____
9. Birthplace <u>McDonough Co. Ill.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Rancher</u>		
11. Industry or Business _____		
Father	12. Name <u>Luther Murphy</u>	
	13. Birthplace <u>Clinton Co. Ohio</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Jane Elizabeth Keener</u>	
	15. Birthplace <u>Penna.</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>V.C. Murphy</u>		
(b) Address <u>Globe Arizona</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Globe Cem.</u> (c) Date <u>July 10, 41</u>		
18. (a) Embalmer's Signature <u>Fred H. Jones</u>		
(b) Funeral Director <u>Fred H. Jones</u>		
(c) Address <u>Globe Arizona</u>		
19. (a) <u>15-41</u> (Date received local Registrar)		
(b) <u>Jane W. W. W.</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 8, 1941;  
TIME (Hour and minute) \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 5, 1941 to July 8, 1941;  
that I last saw him alive on July 8, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute intestinal obstruction

Due to strangulated femoral hernia - Richter's type

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Part of the lumen of ileum caught in femoral canal - Rt.

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature M. D. Wheeler M. D.  
Address Globe, Ariz Date signed 7-15-41

5M 100% Rag 7/11/40