

9313

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

97

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Salt (b) City or Town Winkelman-Rural (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 2 yrs; In Arizona 3 yrs
(Specify whether years, months, or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Salt; (c) City or Town Winkelman-Rural
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Catherine Murphy McAfee (b) If veteran name was _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Joseph Lee 6. (c) Age of husband or wife, if alive 61 yrs.
7. Birthdate of deceased Dec 7 1884
(Month) (Day) (Year)
8. AGE: Years 56 Months 11 Days _____ If less than one day
hrs. _____ min. _____
9. Birthplace Blue City, New Mexico
(City, town or county) (State or Country)
10. Usual Occupation housewife
11. Industry or Business own home
Father { 12. Name Murphy
13. Birthplace not known
(City, town or county) (State or Country)
Mother { 14. Maiden Name Carpel
15. Birthplace not known
(City, town or county) (State or Country)

16. (a) Informant's own signature M. E. McAfee
(b) Address Winkelman, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman Date Oct 26 1941
18. (a) Embalmer's Signature P. J. Sullivan
(b) Funeral Director P. J. Sullivan
(c) Address Winkelman
19. (a) Oct 25 - 1941
(Date received local Registrar)
(b) P. J. Sullivan
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 24, 1941;
TIME (Hour and minute) 12:45 A., M.
21. I hereby certify that I attended the deceased from July, 1941 to Oct 20, 1941;
that I last saw her alive on August 20, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis
Due to general arteriosclerosis
Due to Malignant hypertension
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
DURATION instantly caused death
3-5 yrs
3-5 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 James J. O'Neil M. D.
Address Hayler Date signed 10-24-41