

4270

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

103

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 71

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

(d) Length of Stay: In Hospital or Institution 2 Days; In Community 1 1/2 years; In Arizona 66 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Apache; (c) City or Town Springerville
(If outside city limits also write RURAL)

(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Nancy Murray (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow

6. (b) Name of husband Jas. D. Murray died 6. (c) Age of husband 1901
or wife, if alive _____ yrs.

7. Birthdate of deceased March 30th 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 23 If less than one day
hrs. _____ min. _____

9. Birthplace Fayetteville, Arkansas
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business _____

12. Name Dr. Wm. Mann Rudd

13. Birthplace Arkansas
(City, town or county) (State or Country)

14. Maiden Name Eliza Catherine Mann

15. Birthplace Tenn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Ruth M. Fears

(b) Address Alamo Ranger Sta., Globe, Ariz

17. (a) Burial, Cremation or Removal Removal

(b) Place Springerville Date 6/25/42
Arizona 19

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) June 24-42
(Date received local Registrar)

(b) Dene Wauslee
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 23rd, 1942
TIME (Hour and minute) 11:05 PM

21. I hereby certify that I attended the deceased from 6-19-42
_____ 19 _____ to 6-23 _____ 1942

that I last saw her alive on 6-23 _____ 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Smoking
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Dene Wauslee M. D.

Address Globe, Ariz Date signed 6-24-42

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.