

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 109

Registrar's No. 68

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. G. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 days; In Community 25 yrs
(Specify whether years, months or days) in Arizona 25 yrs
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Inspiration
(If outside city limits also write RURAL) (e) Citizen of foreign country (yes or No) No
(d) Street No. House No. 6 If Yes, which country _____
3. (a) FULL NAME Walker Coleman Morgan (b) If Veteran No (If NONE write the word) _____
Social Security No. 526-07-7378

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Minnie T. Morgan 6. (c) Age of husband or wife, if alive 57 yrs.
7. Birthdate of deceased April 23 1885
(Month) (Day) (Year)
8. AGE: Years 57 Months 4 Days 21
If less than one day hrs. _____ min. _____

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

10. Usual Occupation Police Officer

11. Industry or Business Prop. Co.

12. Name John M. Morgan
13. Birthplace Mex.
(City, town or county) (State or Country)

14. Maiden Name Rachel Ann Jenkins
15. Birthplace Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature J. M. Morgan
(b) Address Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Funeral (c) Date Sept 10 1942

18. (a) Embalmer's Signature J. H. Whitcomb
(b) Funeral Director Wells Mortuary
(c) Address Miami Ariz.

19. (a) September 14 1942
(Date received local Registrar)
(b) Nelson D. Brayton
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 13 1942
TIME (Hour and minute) 9:15 P. M.

21. I hereby certify that I attended the deceased from June 12 - 1942
to Sept 13 - 1942
that I last saw him alive on Sept 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess

Due to Post Influenza

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. E. Harris M. D.
Address Miami, Ariz. Date signed 9-16-42

Shows next to Mike Mortuary