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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (If outside city limits also write RURAL) (c) Location Home (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 20 Yrs (Specify whether years, months or days); in Arizona 20 Yr
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Wickenburg (If outside city limits also write RURAL)
(d) Street No. Adams St.; (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Myrtie Alice Hedrick (b) If Veteran name war _____ (c) Social Security No. none

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

6. (b) Name of husband or wife John Philip Hedrick
6. (c) Age of husband or wife, if alive 76 yrs.
7. Birthdate of deceased Feb. (Month) 8 (Day) 1882 (Year)
8. AGE: Years 61 Months 2 Days 25 If less than one day hrs. _____ min. _____
9. Birthplace Martin Co. Ky. (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business _____

Father
12. Name John A. Pelphrey
13. Birthplace Johnson Co. Ky. (City, town or county) (State or Country)

Mother
14. Maiden Name Agnes Williams
15. Birthplace Ireland (City, town or county) (State or Country)

16. (a) Informant's own signature Esther Westall
(b) Address Wickenburg Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Wickenburg (c) Date 5-5-43
18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H. L. Coffinger
(c) Address Wickenburg Ariz.
19. (a) 5-5-43 (Date received local Registrar)
(b) Naomi Coffinger (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 3, 1943, 19__;
TIME (Hour and minute) 4:10 A. M. M.
21. I hereby certify that I attended the deceased from Since 1938, 19__ to _____, 19__;
that I last saw her alive on May 1, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to Chronic Tuberculosis, pulmonary
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
1 month
20 yrs or so

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 [illegible] M. D.
Address Wickenburg, Ariz Date signed 5-14-43

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____