

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **95**  
Registrar's No. **49**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **Gila Gen. Hosp.**  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution **about 2 hrs.**; In Community **24 years**; In Arizona **27 years**  
(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. **237 South Second St.** (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
(If Yes, which country) \_\_\_\_\_

3. (a) FULL NAME **Burleigh Lucene Murphy** (b) If Veteran name war **No** (c) Social Security No. **526-03-2306**

4. Sex **Male** 5. Race **White**  
White  Indian  Negro   
Oriental  **White**

6. (a) Single, married, widowed or divorced **Married**  
(b) Name of husband or wife **Grace Murphy** (c) Age of husband or wife, if alive, yrs. \_\_\_\_\_

7. Birthdate of deceased **Nov. 4th 1879**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **16**  
If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Cascade, Iowa**  
(City, town or county) (State or Country)

10. Usual Occupation **Resident Telephone Mgr.**

11. Industry or Business **Mt. States Telephone Co.**

12. Name **Timothy A. Murphy**

13. Birthplace **Muringo, Illinois**  
(City, town or county) (State or Country)

14. Maiden Name **Mary Abigail Taggart**

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

16. (a) Informant's own signature **Mrs. Grace Murphy**  
(b) Address **Globe, Arizona**

17. (a) Burial, Cremation or Removal **Removal**  
(b) Place **Tempe, Arizona** (c) Date **4/23/44**

18. (a) Embalmer's Signature **Fred H. Jones**  
(b) Funeral Director **Fred H. Jones**  
(c) Address **Globe, Arizona**

19. (a) **April 23-44**  
(Date received Local Registrar)

(b) **John Wauson**  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **April 20th 1944**  
TIME (Hour and minute) **5:00 PM** M.

21. I hereby certify that I attended the deceased from **April 10**, 19**44** to **April 20**, 19**44**;  
that I last saw him alive on **April 20**, 19**44**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocardial failure due to arterio-sclerosis with hypertension**

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION  
**about 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 **J. C. Harper** M. D.  
Address **Globe, Ariz.** Date signed **4-21-44**