

1329

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 83
Registrar's No. 32

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Fisk Apartments
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 3 years; in Arizona Same
(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. South Broad St. Fisk Apts.; (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Alyce Sheers Murphy (b) If Veteran No (c) Social Security No. No

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

6. (b) Name of husband or wife Thomas Paul Murphy 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 23rd 1920
(Month) (Day) (Year)

8. AGE: Years 24 Months 9 Days 29 If less than one day
hrs. _____ min. _____

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

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name Alex Sheers
13. Birthplace Russia
(City, town or county) (State or Country)

14. Maiden Name No Record
15. Birthplace Russia
(City, town or county) (State or Country)

16. (a) Informant's own signature Thomas Paul Murphy
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Coaldale, Penn. Date 4/24/45

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

19. (a) April 23-45
(Date received local Registrar)
(b) Irene Warraker
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 22nd, 1945
TIME (Hour and minute) 10:40 PM M.

21. I hereby certify that I attended the deceased from Feb.
1945 to April 22, 1945
that I last saw h. ER alive on April 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
approx.
6 months.
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 Alexander J. Bross M. D.
Address Globe Date signed 4-23-45