

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 70

Registrar's No. 46

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 409 Ophan St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 3 yrs; in Arizona 22 yrs.
(Specify whether years, months or days)

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

(d) Street No. 409 Ophan St. (e) Citizen of foreign country (yes or No) No
If Yes, which country _____

3. (a) FULL NAME Kate Muselman (b) If Veteran name war No (c) Social Security No. none

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

6. (b) Name of husband or wife James Muselman 6. (c) Age of husband or wife, if alive dec. yrs.

7. Birthdate of deceased April 1 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 1 If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business _____

Father } 12. Name George Beard
13. Birthplace Ohio
(City, town or county) (State or Country)

Mother } 14. Maiden Name Lucinda Studley
15. Birthplace Mich.
(City, town or county) (State or Country)

16. (a) Informant's own signature George Muselman
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Phoenix Ariz. (c) Date July 2 1945

18. (a) Embalmer's Signature J. May Miley
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) July 5, 1945
(Date received local Registrar)

(b) Anderson & Grayson
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 2 1945
TIME (Hour and minute) 9:30 A.M.

21. I hereby certify that I attended the deceased from June 15 1945 to July 2 1945
that I last saw her alive on July 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

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 M. Burgess M. D.
Address Miami Ariz. Date signed July 2 1945