

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **82**
Registrar's No. **66**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **Gila General Hospital**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution **4 mos 7 days**; In Community **Life**; In Arizona **Life**
(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. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____
3. (a) FULL NAME **Emmett McMurrin** (b) If Veteran **No** (c) Social Security No. **No**
name war _____

4. Sex **Male** 5. Race **White** 6. (a) Single, married, widowed or divorced **Widower**
White Indian Negro Oriental **White**
6. (b) Name of husband **Francisca McMurrin** or wife, if alive _____ yrs. 6. (c) Age of husband _____ yrs.
7. Birthdate of deceased **August 17th 1886**
(Month) (Day) (Year)
8. AGE: Years **58** Months **11** Days **9** If less than one day hrs. _____ min. _____

9. Birthplace **Fort Thomas, Arizona**
(City, town or county) (State or Country)

10. Usual Occupation **Rancher**

11. Industry or Business _____

Father { 12. Name **Perry McMurrin**
13. Birthplace **Texas**
(City, town or county) (State or Country)

Mother { 14. Maiden Name **No record**
15. Birthplace **Ft. Thomas, Arizona**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Mrs. Jennie Gonzales**
(b) Address **122 Ruiz Canyon, Globe, Ariz.**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Globe, Arizona** Date **7/29/45**

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

19. (a) **Aug 13 - 45**
(Date received Local Registrar)
(b) **Jimmie Wauson**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **July 26th 1945**
TIME (Hour and minute) **4:00 AM** M.

21. I hereby certify that I attended the deceased from **June 1**
1945 to **July 26**, 19**45**
that I last saw him alive on **July 25**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Coronarthritis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **Globe Ariz.** M. D.

Address **Globe Ariz.** Date signed **July 28 - 45**

DURATION

3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically