

1890

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 90

Registrar's No. 88

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

(d) Length of Stay: In Hospital or Institution 24 days; In Community 24 yrs; in Arizona 40 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. Road Phoenix - Globe St (No 570); (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Helen Padilla Murray (b) If Veteran name war No (c) If Yes, which country No  
 (d) Social Security No. 536-26-0522

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married  
 6. (b) Name of husband or wife Eulalio Murray 6. (c) Age of husband or wife, if alive... yrs. 40

7. Birthdate of deceased Aug 18 1905  
 (Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 3 If less than one day hrs. min.

9. Birthplace Morenic Ariz  
 (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

12. Name George Padilla  
 13. Birthplace Las Cruces N.M.  
 (City, town or county) (State or Country)

14. Maiden Name Juanita Martinez  
 15. Birthplace Las Cruces N.M.  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Eulalio B Murray  
 (b) Address Donna, Ariz

17. (a) Burial, Cremation or Removal Burial  
 (b) Place Funeral Home (c) Date Oct 25 1945

18. (a) Embalmer's Signature J. May Miller Jr.  
 (b) Funeral Director Martha Montenegro  
 (c) Address Miami Ariz

19. (a) Drew Wavelle  
 (Date received local Registrar)  
 (b) Nov. 6 - 1945  
 (Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) Oct 21 1945  
 TIME (Hour and minute) 7:00 A.M.

21. I hereby certify that I attended the deceased from Oct 1  
 1945 to Oct 20 1945  
 that I last saw h. e. r. alive on Oct 20 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to several months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

**DURATION**  
several 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 Alfonso J. Basse M. D.  
 Address Las Cruces Ariz Date signed Nov 15 1945