2706

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 591
Registrar's No. 453 E

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location Pioneer Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 yrs. (Specify whether years, months or days); In Community 3yrs.; In Arizona 76 yrs.

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

(d) Street No. 24 W. Palm Lane (e) Citizen of foreign country (Yes or No) No. If Yes, which country

3. (a) FULL NAME Mathew Morrell (b) If Veteran name war None (c) Social Security No. None

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Kate Morrell

6. (c) Age of husband or wife, if alive 65 yrs.

7. Birthdate of deceased Feb (Month) 11 (Day) 1867 (Year)

8. AGE: Years 79 | Months 1 | Days 16 | If less than one day hrs. min.

9. Birthplace Denton Texas (City, town or county) (State or Country)

10. Usual Occupation Dairyman

11. Industry or Business Dairy

Father: 12. Name Unknown; 13. Birthplace Unknown (City, town or county) (State or Country)

Mother: 14. Maiden Name Unknown; 15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Pioneer Home Record
(b) Address Prescott, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott (c) Date 3-29 1946

18. (a) Embalmer's Signature Thomas Flynn
(b) Funeral Director Lester Buffner
(c) Address Prescott, Arizona.

19. (a) April 1, 1946 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 27, 1946 19..;
TIME (Hour and minute) 9.00 P.M. M.

21. I hereby certify that I attended the deceased from Nov. 9, 1943 to Mar 27, 1946, that I last saw him alive on Mar 27, 1946 and that death occurred on the date, and hour stated above.

Immediate cause of death Cardiac failure

Due to Chron. myocardial disease

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION: 2 wks. / several years

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 [signature] M. D.
Address Prescott, Ariz. Date signed Mar 30, 1946

40M—100% Rag—6-10-44