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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 522
Registrar's No. 4604 1

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

(d) Length of Stay: In Hospital or Institution ; In Community 22 Yrs ; In Arizona 25½ Yrs (Specify whether years, months or days)

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

(d) Street No. ; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Vam Thomas Morrison (b) If Veteran name war World War II (c) Social Security No. 526-20-3949

4. Sex M

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

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

6. (b) Name of husband or wife Claudia Page Morrison

6. (c) Age of husband or wife, if alive 19 yrs.

7. Birthdate of deceased May (Month) 8 (Day) 1920 (Year)

8. AGE: Years 26 Months Days If less than one day hrs. min.

9. Birthplace Lordsburg, New Mex. (City, town or county) (State or Country)

10. Usual Occupation Machenist

11. Industry or Business Smelter

Father
12. Name Mattison Morrison
13. Birthplace Karnes Co. Texas (City, town or county) (State or Country)

Mother
14. Maiden Name Dolly Ragsdale
15. Birthplace Roswell, New Mex. (City, town or county) (State or Country)

16. (a) Informant's own signature M. A. Morrison
(b) Address Winkelman, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman (c) Date Nov 3 1946

18. (a) Embalmer's Signature J. P. Sutton
(b) Funeral Director J. P. Sutton
(c) Address Winkelman Ariz

19. (a) ~~Nov 6, 1946~~ Dec. 10, 1946 (Date received Local Registrar)
(b) ~~John Homer MD By Wm S MacDonald~~ Kate M. Trent M.D. (Registrar's Signature)

40M—100% Rag—6-10-44

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct, 31, 1946;
TIME (Hour and minute) Aprox, 8/15 P.M.

21. I hereby certify that I attended the deceased from Dead on Arrival at Hospital., 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Exsanguinated

Due to Extensive multible fractures of base of skull.

Due to

Other conditions (Include pregnancy within three 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) Accident
(b) Date of occurrence Oct, 31, 46
(c) Where did injury occur? Rural (City or Town) Pinal, (County) Ariz. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway. (Specify type of place)
While at work? (e) Means of injury Motorcycle wreck.

23. Signature C. M. Blackburn M. D.
Address Hayden Arizona Date signed 7/11/46