9098

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 325
Registrar's No. 328

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Joseph Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 67 years; In Arizona 67 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County ~~xxxxxxxx~~ Graham; (c) City or Town Thatcher (If outside city limits also write RURAL)
(d) Street No. Thatcher, Arizona; (e) Citizen of foreign country (Yes or No) No
If Yes, which country ———
(b) If Veteran name war No (c) Social Security No. none

3. (a) FULL NAME JAMES L. TALLEY

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 Mary J.
6. (c) Age of husband or wife, if alive 68 yrs.
7. Birthdate of deceased March 13, 1873 (Month) (Day) (Year)
8. AGE: Years 73 Months 11 Days 10 If less than one day hrs. X min. X
9. Birthplace Desarc, Arkansas (City, town or county) (State or Country)
10. Usual Occupation Rancher
11. Industry or Business Ranch
Father 12. Name James T. Talley
13. Birthplace ———, Tennessee (City, town or county) (State or Country)
Mother 14. Maiden Name Mary E. Golding
15. Birthplace ———, Alabama (City, town or county) (State or Country)
16. (a) Informant's own signature J. Fred Talley
(b) Address 724 North 2nd Street
17. (a) Burial, Cremation or Removal Removal
(b) Place Thatcher (c) Date 2-24- 1947
18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen-Kingsley Mortuary
(c) Address 1020 West Washington
19. (a) FEB 24 1947 (Date received Local Registrar)
(b) Carl J. Hughes by M. Kar (Registrar's Signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 24, 1947;
TIME (Hour and minute) 1:30 P. M. M.
21. I hereby certify that I attended the deceased from 1/20, 1947 to 1/23, 1947;
that I last saw him alive on 1/23, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial insufficiency
Due to Coronary thrombosis & myocardial infarct
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
1 wk
1/19/47

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 Palmer Dysart M. D.
Address 15 E. Monroe St. Phoenix, Ariz Date signed 1/24/47

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