

9486

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 114

Registrar's No. 21

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 73 Broad St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 9 yrs; In Arizona 53 yrs.  
(Specify whether years, months or days)

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

(d) Street No. 43 Broad St. (e) Citizen of foreign country (Yes or No) \_\_\_\_\_

3. (a) FULL NAME Mary Emma Murray (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife St. Elmo Murray 6. (c) Age of husband or wife, if alive 21 yrs.

7. Birthdate of deceased July 15 1893  
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 2 If less than one day  
hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

Father { 12. Name Pete Gould  
13. Birthplace Perry Utah  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Emily Jane Adams  
15. Birthplace Auburn Maine  
(City, town or county) (State or Country)

16. (a) Informant's own signature St. Elmo Murray  
(b) Address Clayport Ariz.

17. (a) Burial, Cremation or Removal Cremation  
(b) Place Phoenix Ariz. (c) Date Mar. 22 1947

18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) Mar 21 1947  
(Date received Local Registrar)

(b) Aracou D. Boylan  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 17 1947  
TIME (Hour and minute) 7:00 P. M.

21. I hereby certify that I attended the deceased from Mar. 15 - 47  
to Mar. 17 - 47, 1947,  
that I last saw her alive on Mar. 17 - 47, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis & heart cardiac block.

Due to Hypertension

Due to arterio sclerosis

Other conditions (Include pregnancy within three months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION Hypertension 2 yrs.

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) no

(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 Byrd M. Cron M. D.  
Address Phoenix Ariz. Date signed 3-18-47