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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No. 250
Registrar's No. 1145

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1945 W. Wash. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ***-- ; In Community 51 yrs. (Specify whether years, months or days) 5 ; In Arizona 69 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. 1945 W. Wash. ; (e) Citizen of foreign country (Yes or No) No
If Yes, which country NONE

3. (a) FULL NAME Orren Dudley Merrill (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 Widowed
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife, if alive — yrs.
7. Birthdate of deceased October 30, 1855 (Month) (Day) (Year)
8. AGE: Years 91 Months 7 Days 19 If less than one day hrs. min.
9. Birthplace Big Cottonwood, Utah (City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business MINING
Father 12. Name Dudley Justin Merrill
13. Birthplace Elbe, Gensee, New York (City, town or county) (State or Country)
Mother 14. Maiden Name Almira Huntsman
15. Birthplace Salt Lake City, Utah (City, town or county) (State or Country)
16. (a) Informant's own signature E. C. Merrill
(b) Address 10942 Colyer Ave. Lynwood, Calif
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa Cemetery (c) Date 6/20/47 19
18. (a) Embalmer's Signature L M Mortensen
(b) Funeral Director Mortensen-Kingsley
(c) Address 1020 W. Wash.
19. (a) JUN 24 1947 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 18, 1947, 19 ;
TIME (Hour and minute) 12:30 A. M. M.
21. I hereby certify that I attended the deceased from January 12, 1947 to June 18, 1947 ; that I last saw him alive on June 15th, 1947 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma

Due to

Due to

Other conditions General arteriosclerosis (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
2 yrs
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 414 [illegible] Date signed June 19th 41

40M—100% Rag—1-47