9597

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 329
Registrar's No. 120

1. Place of Death: (a) County Maricopa (b) City or Town Glendale (If outside city limits also write RURAL) (c) Location 28 N. 6th Ave (St. & No. (or) Name of Institution)

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

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

(d) Street No. 28 N. 6th Ave.; (e) Citizen of foreign country (Yes or No) No If Yes, which country ____

3. (a) FULL NAME William B. Morrell (b) If Veteran name war ____ (c) Social Security No. ____

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: Emma Morrell

6. (c) Age of husband or wife, if alive 63 yrs.

7. Birthdate of deceased Feb. (Month) 28 (Day) 1886 (Year)

8. AGE: Years 61 Months 9 Days 25 If less than one day hrs. ____ min. ____

9. Birthplace Oracle (City, town or county) Arizona (State or Country)

10. Usual Occupation Retired

11. Industry or Business Rancher

Father
12. Name William Burr Morrell
13. Birthplace ____ (City, town or county) Texas (State or Country)

Mother
14. Maiden Name Christine Cavaness
15. Birthplace ____ (City, town or county) Texas (State or Country)

16. (a) Informant's own signature Emma Morrell
(b) Address 28 N. 6th Av. Glendale

17. (a) Burial, Cremation or Removal Burial
(b) Place Glendale Memorial Park (c) Date 12/26/ 47

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director G. L. Leonard
(c) Address Glendale, Arizona

19. (a) 12-30-47 (Date received Local Registrar)
(b) [illegible], Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 23, 1947, 19____;
TIME (Hour and minute) 7:15 P.M.

21. I hereby certify that I attended the deceased from 10-19, 1946 to 12-23, 1947; that I last saw him alive on 12-20-, 1947; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Hypertension	10 yr.
Due to Arteriosclerosis	10 yr.
Due to	
Other conditions (Include pregnancy within three months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] M. D.
Address PHILIP E. RICE, M. D. GLENDALE, ARIZONA Date signed 12-29-47

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