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

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 6445
Registrar's No. 124

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

(d) Length of Stay: In Hospital or Institution 5 days; In Community 32 yrs; In Arizona 32 yrs (Specify whether years, months or days)

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

(d) Street No. 619 N. Hill St.; (e) Citizen of foreign country (Yes or No) ***; If Yes, which country

3. (a) FULL NAME Albert Clarence Murray (b) If veteran name war none (c) Social Security No. none

4. Sex	5. Race	6. (a) Single, married, widowed or divorced
male	White [X] Indian [ ] Negro [ ] Oriental [ ]	married

6. (b) Name of husband or wife: May Franklin Murray; 6. (c) Age of husband or wife, if alive: 64 yrs.

7. Birthdate of deceased: May 1st, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	7	27	hrs **** min ***

9. Birthplace: Wilson County, Texas (City, town or county) (State or Country)

10. Usual Occupation: furn-hdw. merchant ret.

11. Industry or Business: furn. hdw. merchant ret.

Father: 12. Name: A. W. Murray; 13. Birthplace: Versailles, Missouri (City, town or county) (State or Country)

Mother: 14. Maiden Name: Nancy Ann Mobley; 15. Birthplace: Versailles, Missouri (City, town or county) (State or Country)

16. (a) Informant's own signature: Mrs May Franklin Murray (b) Address: 619 N. Hill St. Globe, Ariz.

17. (a) Burial, Cremation or Removal: burial (b) Place: Globe, Ariz (c) Date: Dec. 30 48

18. (a) Embalmer's Signature: [illegible] (b) Funeral Director: [illegible] (c) Address: 328 S. Hill St. Globe, Ariz.

19. (a) Dec. 30 — [illegible] 48 (Date received by Local Registrar)

(b) [illegible] (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): Dec 28, 1948; TIME (Hour and minute): 11:05 a.m. M.

21. I hereby certify that I attended the deceased from Dec 22, 1948 to Dec 28, 1948; that I last saw him alive on Dec 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Bronchopneumonia	
Due to Uremia	
Due to Chronic Nephritis	
Other conditions Chronic Myocarditis (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: William E. Bishop M. D.
Address: Box 150 Globe Ariz Date signed 12/29/48