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ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 281

07 PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 79 Yrs 79 Yrs		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1603 N. 9th Ave.	
2 1 3 4 249	3. NAME OF DECEASED A. (FIRST) Marilla Murray Osborn B. (MIDDLE) C. (LAST)			4. SEX Fe
	5. COLOR OR RACE White			6. MARRIED (TYPE OR PRINT) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED
	7. DATE OF BIRTH MONTH Jan. DAY 3 YEAR 1861		8. AGE YEARS 88 MONTHS 1 DAYS 4	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife		9B. KIND OF BUSINESS OR INDUSTRY Home	
10 11 12 13	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None	
	14A. FATHER'S NAME William Pinkney Murray		14B. BIRTHPLACE (STATE OR COUNTRY) North Carolina	
15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) North Carolina		
16. INFORMANT'S SIGNATURE <i>Edson Osborn</i>		ADDRESS Phoenix, Ariz.		17. DATE OF DEATH (MONTH) February (DAY) 7 (YEAR) 1949
18 19 20	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.			19. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Retikulum Cell Sarcoma ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. _____
	20. INTERVAL BETWEEN ONSET AND DEATH 6 Mo			21. DATE OF OPERATION 11 Dec 1948
	19B. MAJOR FINDINGS OF OPERATION Same as #1			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21 22 23	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY	
24 25 26	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 19 45 TO 7 Feb 49 . THAT I LAST SAW THE DECEASED ALIVE ON 7 Feb 49 AND THAT DEATH OCCURRED AT 9:40 P. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
27 28 29	23A. SIGNATURE (DEGREE OR TITLE) <i>Leslie B. Smith M.D.</i>		23B. ADDRESS Phoenix, Arizona	
	23C. DATE SIGNED Feb. 9, 1949		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
30 31 32	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Feb. 10, 1949	
	24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
33 34 35	25A. DATE REC'D BY LOCAL REG. FEB 10 1949		25B. REGISTRAR'S SIGNATURE <i>M. Kern Deputy</i>	
	25C. FUNERAL DIRECTOR'S SIGNATURE <i>C. Stanley Clegg</i>		25D. ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA	