

CERTIFICATE OF DEATH

REGISTRAR'S NO.

94

BIRTH NO.

04 OF DEATH 19 AND 20 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <b>Gila</b>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <b>Globe</b>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>20 years</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Rural,</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Gila General Hospital</b>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Rural, Payson, Arizona.</b>		
EDENT SONAL ATA 158 X V51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Michael</b> B. (MIDDLE) C. (LAST) <b>Murphy</b>			4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>	
	6. MARRIED - - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR <b>Unknown About 5 yrs</b>		8. AGE YEARS MONTHS DAYS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Railroad Man</b>	IF UNDER 24 HOURS HOURS MIN.
	9B. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Unknown</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>None</b>	
	14A. FATHER'S NAME <b>Unknown</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Unknown</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>		
	16. INFORMANT'S SIGNATURE <b>Walter M. Brim</b> ADDRESS <b>Payson, Ariz.</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>December 1, 1951 4:15 p.m.</b>		
CAUSE OF DEATH (M 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C) _____ *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <b>Hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <b>None</b> <b>unknown</b>	
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH (M 18)	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) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
MEDICAL PRONER'S IFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Dec 1 19 51</b> TO <b>Dec 1 19 51</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Dec 1 19 51</b> AND THAT DEATH OCCURRED AT <b>4:15</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE (DEGREE OR TITLE) <b>Walter M. Brim M.D.</b>			23B. ADDRESS <b>Globe Ariz</b>		23C. DATE SIGNED <b>12-7-51</b>
GENERAL ECTOR AND ISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE <b>Dec, 5, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Payson Cem.</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Payson Ariz.</b>		
	25A. DATE REC'D BY LOCAL REG. <b>Dec-10-51</b>	25B. REGISTRAR'S SIGNATURE <b>Gene Kausler</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>J. M. McLean</b> ADDRESS <b>Payson Ariz.</b>	27. EMBALMER'S SIGNATURE <b>Harlene Vivian Wacker #324</b> CERT. NO.	