

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1606

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO. 52.	
1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona, C. CITY Globe	
B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 64 Yrs 64 Yrs		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 216 Josephine St.	
C. CITY OR TOWN Globe		E. COLOR OR RACE White	
3. NAME OF DECEASED A. (FIRST) Margaret B. (MIDDLE) F. C. (LAST) Murphy		4. SEX Fem.	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	
7. DATE OF BIRTH MONTH DAY YEAR Feb 20 1885		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
8. KIND OF BUSINESS OR INDUSTRY OWN HOME Own Home		13. SOCIAL SECURITY NO. None	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ireland		15A. MOTHER'S MAIDEN NAME Unknown Dwyer	
14A. FATHER'S NAME Lawrence Ryan		15B. BIRTHPLACE (STATE OR COUNTRY) Ireland	
16. INFORMANT'S SIGNATURE Margaret L. Lawrence		17. DATE OF DEATH March 16, 1953	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C) 334 *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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Cerebral hemorrhage ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) arteriosclerosis DUE TO (C) Senility INTERVAL BETWEEN ONSET AND DEATH 2 days years	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 3-16-53, AND THAT DEATH OCCURRED AT 3-17-53 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23C. DATE SIGNED 3-17-53	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE Mar. 18, 1953	
25A. DATE REC'D BY LOCAL REG. 3-17-53		24C. NAME OF CEMETERY OR CREMATORY Globe, Arizona.	
25B. REGISTRAR'S SIGNATURE Lawrence		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Los Angeles, California	
25C. REGISTRAR'S SIGNATURE Lawrence		26. FUNERAL DIRECTOR'S SIGNATURE M. J. ...	
25D. REGISTRAR'S SIGNATURE Lawrence		27. EMPLOYER'S SIGNATURE ...	
25E. REGISTRAR'S SIGNATURE Lawrence		28. ADDRESS ...	
25F. REGISTRAR'S SIGNATURE Lawrence		29. CERT. NO. 2448	