

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **2310**

CERTIFICATE OF DEATH

BIRTH NO. 04		REGISTRAR'S NO. 60	
1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Globe		C. CITY OR TOWN Globe	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital		D. STREET ADDRESS 478 East Sycamore street Box 987	
3. NAME OF DECEASED (TYPE OR PRINT) Tom Hick Murphy		4. SEX male	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		5. COLOR OR RACE white	
7. DATE OF BIRTH MONTH June DAY 9 YEAR 1903		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). coal-mining	
8. AGE (IN YEARS IF UNDER 1 YEAR; IF UNDER 1 YEAR, GIVE HOURS, MIN., SECS.) 50		9B. SOCIAL SECURITY NO. 433-10-8540	
9. KIND OF BUSINESS OR INDUSTRY coal-miner		10. CITIZEN OF WHAT COUNTRY U. S. A.	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Matecreek, W. Virginia		11. MOTHER'S MAIDEN NAME (Unknown) Varney	
14A. FATHER'S NAME Mont Murphy		14B. BIRTHPLACE (STATE OR COUNTRY) W. Virginia	
16. INFORMANT'S SIGNATURE <i>Mr James Murphy Matecreek</i>		17. DATE OF DEATH April 16, 1953 at 5:30 p.m.	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (A) CORONARY thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 days	
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) (MIN) (SEC.) 11 11 1953 4-16 53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 19 4-9 1953 TO 4-16 19 53 THAT I LAST SAW THE DECEASED		23. DATE SIGNED 4-17-53	
23A. SIGNATURE <i>Alexander J. Gossett, M.D.</i>		23B. ADDRESS Globe	
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> LOCAL REG. <input checked="" type="checkbox"/>		24B. DATE April 18, 1953	
24C. NAME OF CEMETERY OR CREMATORY Matewan Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Matewan, W. Virginia	
25A. DATE REC'D BY LOCAL REG. 4-17-53		25B. REGISTRAR'S SIGNATURE <i>Drene Bravelle</i>	
25C. DATE SIGNED 4-17-53		25D. FUNERAL DIRECTOR'S SIGNATURE <i>James James Walker</i>	
25E. ADDRESS Globe, Arizona		25F. EMBALMER'S SIGNATURE <i>James Walker</i>	
25G. CERT. NO. #323		25H. ADDRESS	