

1545

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Maricopa District _____ State Index No. 352
Town Phoenix County Registered No. 7984
Or City _____ Local Registrar's No. 8690

ORIGINAL CERTIFICATE OF DEATH

No. 803- Wrox Adams St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Burnix Musgrove

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black Chinese Mexican	SINGLE MARRIED <input checked="" type="checkbox"/> WIDOWED or DIVORCED	DATE OF DEATH <u>February 1920</u> (Month (Day) (Year))	
DATE OF BIRTH _____	AGE <u>83</u> yrs. _____ mos. _____ days		I hereby certify that I attended deceased from <u>Feb. 23rd</u> 19 <u>20</u> to <u>death</u> 19 <u> </u> ; that I last saw him alive on <u>Feb 26</u> 19 <u> </u> , and that death occurred on the date stated above at <u>7:30 P.M.</u> The DISEASE or INJURY causing death was as follows: <u>Influenza</u>	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? If not, where? _____	
BIRTHPLACE (State or Country) <u>Texas</u>			CONTRIBUTORY <u>Senility</u> (Duration) _____ yrs. _____ mos. _____ days	
PARENTS			(Signed) <u>Opie Harry Brown</u> <u>2/29/20</u> (Address) <u>430 No. Central</u>	
NAME OF FATHER <u>Calvin Musgrove</u>			In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF FATHER (State or Country) <u>Texas</u>			LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Ariz. _____ yrs. _____ mos. _____ ds.	
MAIDEN NAME OF MOTHER <u>Mary Waller</u>			Former or Usual Residence <u>Phoenix</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Texas</u>			Filed <u>Feb 28 1920</u> Local Registrar.	
The Above is True to the best of my Knowledge (Informant) <u>W. G. Pack</u>			Filed <u>3-1</u> 19 <u>20</u> <u>H. R. Larson</u> County Registrar.	
(Address) <u>Phoenix</u>				
PLACE OF BURIAL OR REMOVAL <u>Greenwood</u>				
DATE OF BURIAL OR REMOVAL <u>Feb 27 1920</u>				
UNDERTAKER <u>Murray</u>				
ADDRESS <u>Phoenix</u>				