

CERTIFICATE OF DEATH

1. PLACE OF DEATH
A. COUNTY Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 23 yrs 23 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION Maricopa County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix
D. STREET ADDRESS 2537 West Belmont

REGISTRAR'S NO. 794

3. NAME OF DECEASED (TYPE OR PRINT) John Musgrave
B. (MIDDLE) Mayfield
C. (LAST) MUSGRAVE

4. SEX Male
5. COLOR OR RACE white

6. MARRIED **NEVER MARRIED** **WIDOWED** **DIVORCED**
DATE OF MARRIAGE MONTH 1 DAY 20 YEAR 78
7. AGE YEARS 74 MONTHS 2 DAYS 4

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U. S. A.
9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Stockman & Rancher

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 Unknown Musgrave
14B. BIRTHPLACE (STATE OR COUNTRY) Unknown
15A. MOTHER'S MAIDEN NAME Unknown
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown

16. INFORMANT'S SIGNATURE Joe Musgrave, Rt 1, Box 190, Exeter, Calif.
17. DATE OF DEATH (MONTH) March (DAY) 24 (YEAR) 1952

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) Bacterial pneumonia
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) Central aneurism
3. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
19C. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
19D. HOW DID INJURY OCCUR?
20. AUTOPSY? YES NO

21A. ACCIDENT SUICIDE HOMICIDE
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) March 24, 1952, 8:00 P.M.
21E. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM MARCH 24, 1952, TO MARCH 24, 1952, THAT I LAST SAW THE DECEASED ALIVE ON MARCH 24, 1952, AND THAT DEATH OCCURRED AT 8:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE E. P. Bowley
23B. ADDRESS County Hospital, Phoenix, Ariz
23C. DATE SIGNED 3/26/52

24A. BURIAL **CREMATION** **REMOVAL**
24B. DATE 3-27-52
24C. NAME OF CEMETERY OR CREMATORY Rest Haven Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Glendale, Arizona

25A. DATE REC'D BY LOCAL REG.
25B. REGISTRAR'S SIGNATURE [Signature]
25C. REGISTRAR'S SIGNATURE [Signature]

26. FUNERAL DIRECTOR'S SIGNATURE [Signature]
27. EMPLOYER'S SIGNATURE [Signature]

ADDRESS Whitney & Murphy Funeral Home, Phoenix, Ariz.
CERT. NO. 141A

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