

2445

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 3320

Registrar's No. 4008

1. Place of Death: (a) County Pinal (b) City or Town MAMMOTH (c) Location AT HOME
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 30 YEARS; In Arizona 37 YRS
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State ARIZONA; (b) County PINAL; (c) City or Town MAMMOTH
(If outside city limits write RURAL.)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME MARY E. MUSGRAVE (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex FEMALE 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife James Q Musgrave 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased MARCH 28 1857
(Month) (Day) (Year)
8. AGE: Years 83 Months _____ Days _____ If less than one day
hrs. _____ min. _____
9. Birthplace ATASCOJA, TEXAS
(City, town or county) (State or Country)

10. Usual Occupation None
11. Industry or Business _____
Father { 12. Name JAMES MARTIN
13. Birthplace LOUISIANA
(City, town or county) (State or Country)
Mother { 14. Maiden Name LOUISE HAY
15. Birthplace LOUISIANA
(City, town or county) (State or Country)

16. (a) Informant's own signature J. C. Willyford
(b) Address Mammoth, Arizona
17. (a) Burial, Cremation or Removal Removal, Burial
(b) Place Winkelman (c) Date Sept 22 1940
18. (a) Embalmer's Signature P. L. Hutton
(b) Funeral Director P. L. Hutton
(c) Address Winkelman, Arizona

19. (a) SEPT 23 1940
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

5M 100% Bag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) SEPT 22, 1940;
TIME (Hour and minute) 3:30 AM M.

21. I hereby certify that I attended the deceased from DIED IN SLEEP - SEEN AFTER DEATH 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to Arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death)
Major findings: _____
Of operations _____

Of autopsy _____

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] M.D.

Address [Signature] Date signed Sept 23, 1940