2214

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 389
Registrar's No. 922

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location St Mary's Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 12 days; In Community 12 days (Specify whether years, months or days); In Arizona 40 yrs
2. Usual Residence of Deceased: (a) State Ariz; (b) County Pinal; (c) City or Town Mammoth (If outside city limits also write RURAL)
(d) Street No. Mammoth Ariz; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Perry Anderson Musgrave (b) If Veteran name war no (c) Social Security No. none

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife Laura Musgrave
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased Aug (Month) 15th (Day) 1875 (Year)
8. AGE: Years 70 Months 2 Days 1 If less than one day hrs. ___ min. ___
9. Birthplace Atascosa Co. Texas (City, town or county) (State or Country)
10. Usual Occupation Cattleman
11. Industry or Business
Father 12. Name Jonas Quimbia Musgrave
13. Birthplace Atascosa Co Texas (City, town or county) (State or Country)
Mother 14. Maiden Name Mary Eliza Martin
15. Birthplace Atascosa Co Texas (City, town or county) (State or Country)
16. (a) Informant's own signature Eulalia Ryland
(b) Address Oracle, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Mammoth Ariz (c) Date Oct 18 1945
18. (a) Embalmer's Signature Chris A Reilly
(b) Funeral Director Reilly Undertaking Co
(c) Address Tucson Ariz
19. (a) 10-17-45 (Date received Local Registrar)
(b) L. H. Howard, M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 16th, 1945;
TIME (Hour and minute) 2:15 P M.
21. I hereby certify that I attended the deceased from Oct. 4, 1945 to Oct 16, 1945; that I last saw him alive on Oct. 16th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis. Chronic Myocarditis.
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION ? ? ? 1

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 Tucson Ariz Date signed 10/17/45