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James W. Simpson M.D.

James W. Simpson, M.D.
State Registrar of Vital Statistics
JUL 22 1960
By *Deborah A. Simpson*
Deputy State Registrar

CERTIFICATE OF DEATH			
LOCAL REGISTRAR'S NO. 95		STATE OF WYOMING DEPARTMENT OF PUBLIC HEALTH DIVISION OF VITAL STATISTICS	
BIRTH NO.		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY Sweetwater b. CITY, TOWN, OR LOCATION Rock Springs		2. USUAL RESIDENCE (If not in hospital, give street address) a. STATE Wyoming b. CITY, TOWN, OR LOCATION Sublet c. STREET ADDRESS Big Piney	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Annette Murdock 4. DATE OF DEATH 7-4-60 1:07 PM 5. SEX F 6. COLOR OR RACE W 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH May 23, 1875 9. AGE (In years, months, days) 85 11 11 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 11. BIRTHPLACE (State or foreign country) Rock Valley, Iowa USA 12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Patrick L. Solon 14. MOTHER'S MAIDEN NAME Mary Mc Gwire 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None 16. SOCIAL SECURITY NO. 520-44-7529 17. INFORMANT X <i>Mary Louise King - Sister of Deceased</i> 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) P. Part I. DEATH WAS CAUSED BY: Immediate Cause (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (b) Due to (b) Cerebral thrombosis acting cause (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2 yr 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. ACCIDENT SUICIDE HOMICIDE 20. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21. INJURY OCCURRED WHILE AT <input type="checkbox"/> NO WHILE <input type="checkbox"/> AT WORK 20. PLACE OF INJURY (a, b, in or about home, farm, factory, street, office bldg., etc.) b. 25-10 21. I attended the deceased from 7:4-60 to 7:4-60 and last saw him alive on 7-4-60 Death occurred at 7:4 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <i>Deborah A. Simpson</i> (Regist. 184) 23. ADDRESS Rock Piney, Wyo 24. LOCATION (City, town, or county) Big Piney, Wyoming (State)	
25. REMOVAL (Specify) 7-5-60 26. NAME OF CEMETERY OR CREMATORY Big Piney Cemetery 27. DATE RECD BY LOCAL REG July 8, 1960 28. REGISTRAR'S SIGNATURE <i>Deborah A. Simpson</i>			