9257

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registered No.

1. PLACE OF DEATH

County Cochise State Arizona

District or Township 18 - R 21 E Salt River or Village St. David or

City No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Delia Elizabeth Coons

(a) Residence. No. St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lebbeus Thaddeus Coons

6. DATE OF BIRTH (month, day and year) Oct 30, 1852

7. AGE

Years	Months	Days	IF LESS than 1 day hrs. or min.
55		17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer) House Wife

(c) Name of employer

9. BIRTHPLACE (city or town) Provo

(State or country) Utah

PARENTS

10. NAME OF FATHER Moses Curtis

11. BIRTHPLACE OF FATHER (city or town)

(State or country)

12. MAIDEN NAME OF MOTHER Aurelia Jackman

13. BIRTHPLACE OF MOTHER (city or town)

(State or country)

14. Informant L. T. Coons

(Address) Pomerene

15. Filed Nov 16, 1907 J. N. Christenson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov 16 1907

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 ,

that I last saw h alive on Nov. 16, 1907

and that death occurred, on the date stated above, at 6 P.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Feurgeson, M. D.

19 (Address) Bisbee

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: St. David Cemetery

DATE OF BURIAL: Nov. 18, 1907

20. UNDERTAKER: Barred B. Family

ADDRESS: St. David Ariz