509

PLACE OF DEATH

County Yavapai

District Prescott

Town Or City Prescott

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 212 State Index No. 446

County Registered No. 214

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's No.

No. Mercy Hospital St.

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

FULL NAME Charles H. Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

Color or Race: White, ~~Indian~~, Black, ~~Chinese~~, ~~Mexican~~

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~or DIVORCED~~

DATE OF BIRTH Jan. 21 1847 (Month) (Day) (Year)

AGE 66 yrs. mos. days. If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Don't Know

PARENTS

NAME OF FATHER — Cox.

BIRTHPLACE OF FATHER (State or country) Don't Know

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. O. Bostwick

(Address) Winslow, Ariz.

PLACE OF BURIAL ~~OR REMOVAL~~ McVine Cemetery

DATE OF BURIAL ~~OR REMOVAL~~ Nov. 8 1913

UNDERTAKER Dale Duffield

ADDRESS Prescott, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6 1913 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Aug. 20 1913 to Nov. 3 1913; that I last saw him alive on Nov. 6 1913, and that death occurred on the date stated above at 12:15 P. M. The DISEASE or INJURY causing Death was as follows: Endocarditis

Inflammatory Rheumatism

(Duration) One yrs. mos. days.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Cerebral abscess & Hemiplegia

(Duration) yrs. mos. 20 days.

(Signed) J. B. McNally

Nov. 9 1913 (Address) Prescott, Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE

At place of death — yrs. — mos. — ds. In Arizona 25 yrs. — mos. — ds.

Former or Usual Residence

Filed Nov. 10 1913 Harry F. Lowthorpe Local Registrar

Filed 12/10 1913 John W. Shute County Registrar

ARE YOU DEALING WITH EXACT FACTS? PHYSICIANS, YOU SHOULD STATE CAUSE OF DEATH "unknown." Make every effort may be properly classified. If any item can not be obtained insert word "unknown." Incorrect certificates will be returned for correction. possible to secure this information.