8227

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 122

County Registered No. 534

Local Registrar's No. 3408

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District Phoenix

Town Or City

No. 3 mi. N.E. of Phoenix - near Asylum - St.

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

FULL NAME Ed Walter Coy.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

Color or Race: White Indian Black Chinese Mexican

SINGLE single MARRIED white WIDOWED or DIVORCED

DATE OF BIRTH: October 11, 1913 (Month) (Day) (Year) 191

AGE: yrs 20 mos 28 days

If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Arizona.

PARENTS

NAME OF FATHER: C.G.Coy

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Conley

BIRTHPLACE OF MOTHER (State or country): Arizona.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R.P. Parks

(Address) Justice of the Peace & Ex-Officio Coroner.

PLACE OF BURIAL OR REMOVAL: Greenwood Cemetery,

DATE OF BURIAL OR REMOVAL: 7-9-14 19

UNDERTAKER: J.T.Whitney,

ADDRESS: Phoenix, Arizona.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8/14 (Month) (Day) (Year) 191

I hereby certify, that I attended deceased from 191 to 191; that I last saw h alive on 191, and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows: accidental drowning

(Duration) yrs mos days

Was disease contracted in Arizona? 35 M

If not, where?

CONTRIBUTORY

(Duration) yrs mos days

(Signed)

7-9/14 Phoenix, Arizona (Address)

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

LENGTH OF RESIDENCE

At place of death 1 yrs 8 mos 28 ds. In Arizona 1 yrs 8 mos 28 ds.

Former or Usual Residence born here in Ariz.

Filed JUL 9 - 1914 Edward S. Gray Jr. Local Registrar

Filed 8-17 1914 H.A. Hughes County Registrar

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.