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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 611

County Registered No. 5456

Local Registrar's No. 6954

## ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District

Town Or City Phoenix

No. Emergency Hosp. St.

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

FULL NAME William Coffman

### PERSONAL AND STATISTICAL PARTICULARS

SEX male

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

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

DATE OF BIRTH No record 191 (Month) (Day) (Year)

AGE 33 yrs. mos. days | If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) No Record

PARENTS

NAME OF FATHER "

BIRTHPLACE OF FATHER (State or Country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or Country) "

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The Above Is True to the Best of My Knowledge

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL no decided

DATE OF BURIAL OR REMOVAL — 191

UNDERTAKER The Geo J Merryman Co

ADDRESS

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 12 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Nov 3 1918 to Nov 11 1918; that I last saw him alive on Nov 12 1918, and that death occurred on the date stated above at 2 A.M. The DISEASE or INJURY causing Death was as follows:

~~Influenza~~

Pneumonia

(Duration) yrs. mos. days 5

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Influenza

(Duration) yrs. mos. days 9

(Signed) H. J. Bailey

11-12 1918 (Address) Phoenix Ariz

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE no Record

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

Former or Usual Residence

Filed Nov 14 1918 H. K. Beauchamp Local Registrar

Filed Dec 9 1918 A. B. Nichols County Registrar

FILL OUT ALL LEARNING

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.