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221

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No.
County Registered No. 376
Local Registrar's - No. 100100

FILL OUT ALL BLANKS. 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.

PLACE OF DEATH

County: Maricopa
District:
Town Or City: Phoenix
No. 1708 West Roosevelt St.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME: Elard Lee Cochran

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

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

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Jan 8 192 (Month) (Day) (Year)

AGE: 2 yrs. mos. days | If less than 1 day hrs., or min

OCCUPATION
(a) Trade, profession or particular kind of work: 0
(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or Country): Ala.

PARENTS
NAME OF FATHER: Sidney Cochran
BIRTHPLACE OF FATHER (State or Country): Ala.
MAIDEN NAME OF MOTHER: Mattie Haddock
BIRTHPLACE OF MOTHER (State or Country): Ga

The Above is True to the Best of My Knowledge.
(Informant)
(Address)

PLACE OF BURIAL OR REMOVAL: Mt Lawn
DATE OF BURIAL OR REMOVAL: Feb 18 192 1
UNDERTAKER: A L Brown Co
ADDRESS:

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 18 192 1 (Month) (Day) (Year)

I hereby certify that I attended deceased from Feb 17 192 1, to Feb 18 192 1; that I last saw him alive on Feb 18 192 1, and that death occurred on the date stated above at 4:00 M. The DISEASE or INJURY causing death was as follows: Measles & pneumonia.

(Duration) yrs. mos. 5 days

Was disease contracted in Arizona? yes
If not, where?
CONTRIBUTORY
(Duration) yrs. mos. days

(Signed) Fred G. Holmes
Feb 18 192 1 (Address) 219 Goodrich

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death 4 yrs. 4 mos. 20 ds. In Ariz. 4 yrs. 4 mos. 20 ds.
Former or Usual Residence: Ala

Filed Feb 18 192 1 — Local Registrar.
Filed 7/14/21 — County Registrar.