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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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Maricopa</u>	BUREAU OF VITAL STATISTICS	State Index - - No. <u>770</u>
District		ORIGINAL CERTIFICATE OF DEATH	County Registrar's No. <u>11527</u>
Town or City	<u>Phoenix</u>	No. <u>Laveen, Ariz.</u>	Local Registrar's - No. <u>11527</u>
		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME <u>Mildred Coppinger</u>			
(a) Residence. No. <u>Laveen, Ariz.</u> Ward.			
(Usual place of abode)		(If nonresident, 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		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR or RACE <u>W.</u>	16. DATE OF DEATH (month, day, and year) <u>May 31 1922</u>	
5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)		17. I HEREBY CERTIFY, That I attended deceased from <u>May 23</u> , 1922 to <u>May 31</u> , 1922 that I last saw <u>her</u> alive on <u>May 31</u> , 1922 and that death occurred, on the date stated above, at <u>6:15 p.m.</u> The CAUSE OF DEATH* was as follows: <u>Melanoma</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		(duration) yrs. mos. <u>6</u> ds.	
6. DATE OF BIRTH (month, day and year) <u>May 24</u>		CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.	
7. AGE, Years Months Days	IF LESS than 1 day... hrs. or... min. <u>7</u>	18. Where was disease contracted if not at place of death?	
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) (c) Name of employer <u>113</u>		Did an operation precede death? <u>no</u> Date of	
9. BIRTHPLACE (city or town) (State or country) <u>Arizona</u>		Was there an autopsy? <u>no</u>	
10. NAME OF FATHER <u>J. H. Coppinger</u>		What test confirmed diagnosis?	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Oklahoma</u>		(Signed) <u>W. J. Ellis</u> , M. D.	
12. MAIDEN NAME OF MOTHER <u>Bradshaw</u>		19 (Address) <u>Phoenix, Ariz.</u>	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Arizona</u>		* 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.)	
14. Informant (Address) <u>J. H. Coppinger</u>		19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn</u>	
15. Filed <u>6/1/22</u> 19 <u>I. L. GARRISON, M. D.</u> Registrar		DATE OF BURIAL <u>May 31 1922</u>	
V. S. No. 1 <u>6-6-22</u> City Health Officer		20. UNDERTAKER <u>W. L. Moore &amp; Son</u>	