2874

88

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - No.
County Registrar's No. 1396
Local Registrar's - No. 158

PLACE OF DEATH
1. County Maricopa
District No 3
Town or City Gilbert No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ina Jean Cooley

(a) Residence. No. ..... St., ... 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

3. SEX	4 COLOR or RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Female	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 24 1922

7. AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
—	—	10	

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

9. BIRTHPLACE (city or town) Ariz
(State or country)

PARENTS
10. NAME OF FATHER Rosel Cooley
11. BIRTHPLACE OF FATHER (City or town)
(State or country) Utah
12. MAIDEN NAME OF MOTHER Essie Humphrey
13. BIRTHPLACE OF MOTHER (City or town)
(State or country) Utah

14. Informant Rosel Cooley
(Address)

15. Filed 9-3, 1922 J. E. Brown Jr. Registrar
V. S. No. 1 10-6-22

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 3 1922

17. I HEREBY CERTIFY, That I attended deceased from Aug. 24th, 1922 to Sept 3rd, 1922 that I last saw he alive on Sept 2nd, 1922 and that death occurred, on the date stated above, at 4a m.
The CAUSE OF DEATH* was as follows:
Premature birth & immature heart & digestive tract
(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY
(Secondary) (duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? Yes
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) L. N. Brown M. D.
(Address) Mesa, Ariz

* 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.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Mesa
DATE OF BURIAL Sep 3 1922

20. UNDERTAKER W A Burton Jones
ADDRESS Mesa

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.