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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 136a
County Registrar's - No. 766
Local Registrar's - No. 702

PLACE OF DEATH

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

2. FULL NAME John H Coleman Sr

(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 Male
4. COLOR or RACE White
5. SINGLE, MARRIED, ~~WIDOWED or DIVORCED~~ (~~Write the word~~)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs John H Coleman Sr

6. DATE OF BIRTH (month, day and year) Nov 1-1840

7. AGE Years 82 Months 6 Days 2 IF LESS than 1 day.....hrs. or.....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER J H Coleman
11. BIRTHPLACE OF FATHER (State or country) Georgia
12. MAIDEN NAME OF MOTHER Mrs Cockron
13. BIRTHPLACE OF MOTHER (State or country) Not Known

14. Informant (Address) J H Coleman Jr Mesa

15. Filed 6-3, 1923 J. E. Drane Jr. Local Registrar.
Filed June 8, 1923 County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 3 1923

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1923 to May 2, 1923
that I last saw him alive on May 2, 1923
and that death occurred, on the date stated above, at 7 a m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Advanced age

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dr Palmer & Green, M. D.
May 3 1923 (Address) Mesa Ay

* 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 Cemetary
DATE OF BURIAL May 4 1923

20. UNDERTAKER W A Burton & Sons
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.

pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for

dental drowning. Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)