

2320

MARGIN RESERVED FOR BINDING
N. 2.—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 Cala
District _____
Town or city Miami

BUREAU OF VITAL STATISTICS

State Index - - - No. 114
County Registrar's - No. _____
Local Registrar's - No. 38

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Arthur Clifford Cole
(If death occurred in a hospital or institution, give its NAME instead of street number)
(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 15 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
5a. If married, widowed or divorced HUSBAND of <u>Elizabeth</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year)		
7. AGE <u>47</u> Years	Months	Days
		IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Metallurgist</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>International Smelters</u> (c) Name of employer _____		
9. BIRTH PLACE (city or town) <u>Springfield Ohio</u> (State or Country)		
10. NAME OF FATHER <u>Phillip James Cole</u>		
11. BIRTHPLACE OF FATHER <u>Springfield Ohio</u> (State or country)		
12. MAIDEN NAME OF MOTHER <u>Maggie Snyder</u>		
13. BIRTHPLACE OF MOTHER <u>Winton Ohio</u> (State or country)		
14. Informant <u>Phillip J. Cole</u> (Address) <u>1234 S. ...</u>		
15. Filed <u>May 24 1925</u> <u>C. D. ...</u> Local Registrar.		
Filed _____ 19____ V. S. No. 1 _____ County Registrar.		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 23 1925

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1925 to May 23, 1925
that I last saw him alive on May 23, 1925
and that death occurred, on the date stated above, at 11:55 A.M.
The CAUSE OF DEATH* was as follows:
(Empyema) Influenza
(duration) X yrs. 6 weeks 0 ds.
CONTRIBUTORY Empyema
(duration) _____ yrs. 3 weeks 0 ds.
18. Where the disease contracted _____
if not at place of death? _____
Did an operation precede death? yes date of May 22, 1925
Was there an autopsy? no
What test confirmed diagnosis? operation
Signed J. H. Miller, M. D.
May 24 1925 (Address) Miami, Arizona
* 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 _____ DATE OF BURIAL
MOVXL Globe City May 26 1925
20. UNDERTAKER Jones Funeral Home ADDRESS Globe City