

400170

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - - No. 159
County Registrar's - No. _____
Local Registrar's - No. 12

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

2. FULL NAME Robert Coats
(a) Residence No. 1206-W-69th St Los Angeles, Cal. 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 MARRIED
(Write the word)

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

6. DATE OF BIRTH (month, day and year) _____

7. AGE Years 48 Months _____ Days _____ IF LESS than 1 day... hrs. or min. _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Heurman
(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) Mo.

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (city or town) (State or country) Mo.

12. MAIDEN NAME OF MOTHER May Slattin

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Mo.

14. Informant Rose Coats
(Address) 1206 W 69th St Los Angeles Cal

15. Filed 6-6-1927 E. J. Lewis Local Registrar.
Filed _____ 19 _____ County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6-4-1927

17. I HEREBY CERTIFY, That I attended deceased from Wed not see him
that I last saw him before, 19____, and that death occurred, on the date stated above, at _____ M. THE CAUSE OF DEATH* was as follows:
Jump & drowning caused by auto mobile accident
(duration) yrs. mos. ds.

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

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? Request Date of _____
Was there an autopsy? _____
What test confirmed _____ (Address) _____

* 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 Phoenix Ariz DATE OF BURIAL 6-11-1927

20. UNDERTAKER Phoenix Ariz ADDRESS _____