

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PRE-DECEASED 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.

BUREAU OF VITAL STATISTICS, ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: County: Maricopa, State: Arizona, District or Township: Phoenix, City: Phoenix, No. 14 Joseph, Full Name: Bidie May Cook, (a) Residence, No. Phoenix, 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: Female, 4. COLOR or RACE: Colored, 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single, 5a. If married, widowed, or divorced: HUSBAND of Bidney Cook, 6. DATE OF BIRTH: 8 Years, 8 Months, 8 Days, 7. AGE: 8, 8. OCCUPATION OF DECEASED: Housewife, 9. BIRTHPLACE: Texas, 10. NAME OF FATHER: Bidney Cook, 11. BIRTHPLACE OF FATHER: Tex, 12. MAIDEN NAME OF MOTHER: Mrs. Kellborough, 13. BIRTHPLACE OF MOTHER: Tex, 14. Informant: Family, 15. Filed: 1-18-28, Registrar: M. J. Stewart

MEDICAL CERTIFICATE OF DEATH: 16. DATE OF DEATH: 8-28-28, 17. I HEREBY CERTIFY: That I attended deceased from Dec 30, 1927 to Jan 5, 1928, that I last saw her alive on Jan 8, 1928, and that death occurred, on the date stated above, at 5 PM. The CAUSE OF DEATH was: Cerebro spinal Meningitis, CONTRA TOBY (Signed) D. Lawrence, M.D., 506 Goodwin, 18. Where disease contracted: Not a place of death, 19. PLACE OF BURIAL, CREMATION OR REMOVAL: Fox Lawn, DATE OF BURIAL: 1/19/28, 20. UNDERTAKER: Marymurray

* 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).