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MARGIN RESERVED FOR BINDING
N. B.—WRITE ONLY, 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.

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

1. PLACE OF DEATH **MARICOPA** County State **ARIZONA** State File No. **146** Registered No. **85**

Township _____ or Village _____ City **MESA** No. **SOUTH SIDE HOSP.** St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. **5** ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME **LELAND MENLO COOLEY**

(a) Residence: No. **GILBERT** State **ARIZONA** St. _____ Ward _____ (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) SINGLE			21. DATE OF DEATH (month, day, and year) JUNE 19 / 1932	22. I HEREBY CERTIFY, That I attended deceased from 6-14-32 , 19____, to 6-18-32 , 19____.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				I last saw him alive on 6-17-32 , 19____, death is said to have occurred on the date stated above, at 8:30 a.m.	The principal cause of death and related causes of importance were as follows: Peritonitis Due to Ruptured Appendix	
6. DATE OF BIRTH (month, day, and year) JUNE 27, 1915						Date of Onset 7-12-32
7. AGE Years 16	Months 11	Days 21	If LESS than 1 day, _____ hrs. or _____ min.		Other contributory causes of importance: <i>[Signature]</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT SCHOOL						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year) 5/1/32					11. Total time (years) spent in this occupation 9	
12. BIRTHPLACE (city or town) LAKE SIDE (state or country) ARIZONA					Name of operation Appendectomy Date of 6-14-32	
13. NAME FREEMAN COOLEY					What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or country) UTAH					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
15. MAIDEN NAME PEARL WHIPPLE					Where did injury occur? None (Specify city or town, county and State)	
16. BIRTHPLACE (city or town) (State or country) MEXICO					Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT FREEMAN COOLEY (Address) GILBERT ARIZONA					Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place MESA ARIZONA Date 6/19/32					Nature of injury _____	
19. UNDERTAKER MELDRUM MORTUARY (Address) MESA ARIZONA					24. Was disease or injury in any way related to occupation of deceased? _____	
20. Filed June 22, 1932 <i>Jeas Meldrum</i> Registrar					If so, specify _____ (Signed) _____ M. D. (Address) _____	