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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Yuma State ARIZONA State File No. 472
 Township _____ or Village _____ Registered No. 125
 City Yuma No. _____ 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. 7 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME William Courtney Doak How long in State when death occurred? _____ yrs. _____ mos. 7 ds.
 (a) Residence: No. Yumesa Auto Court St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Dec. 23, 1933</u>	I HEREBY CERTIFY That I attended deceased from <u>Dec 20</u> , 19 <u>33</u> , to <u>Dec 23</u> , 19 <u>33</u> I last saw him alive on <u>Dec 23</u> , 19 <u>33</u> ; death is said to have occurred on the date stated above, at <u>8 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cancer of the bladder and rectum.</u> Date of Onset _____ Other contributory causes of importance: _____ Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Horace M. Brown</u> M. D. (Address) <u>439 1st Ave. Yuma, Ariz.</u>
5a. If married, widowed, or divorced HUSBAND of <u>Mabel Louise Doak</u>	6. DATE OF BIRTH (month, day, and year) _____	7. AGE Years <u>63</u> Months <u>3</u> Days <u>16</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mining Engineer</u>	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) _____	
12. BIRTHPLACE (city or town) (state or country) <u>Missouri</u>					13. NAME <u>Thomas J. Doak</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					14. BIRTHPLACE (city or town) (State or country) <u>Not known</u>	
15. MAIDEN NAME <u>Sarah Coffing</u>					15. MAIDEN NAME <u>Sarah Coffing</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>					16. BIRTHPLACE (city or town) (State or country) <u>Not known</u>	
17. INFORMANT <u>Mrs. William C. Doak</u> (Address) <u>Los Angeles, Calif.</u>					17. INFORMANT <u>Mrs. William C. Doak</u> (Address) <u>Los Angeles, Calif.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma Cemetery</u> Date <u>12/24/33</u>					18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma Cemetery</u> Date <u>12/24/33</u>	
19. UNDERTAKER <u>The Johnson Mortuary</u> (Address) <u>Yuma, Arizona</u>					19. UNDERTAKER <u>The Johnson Mortuary</u> (Address) <u>Yuma, Arizona</u>	
20. Filed <u>Dec 24, 1933</u> <u>Mary A. Wupperman</u> Registrar					20. Filed <u>Dec 24, 1933</u> <u>Mary A. Wupperman</u> Registrar	

20M 4-19-33 MS 48294 Form 3 Back Certificate to be used for any Additional Information