4146

504

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. _____

1. PLACE OF DEATH — STATE ARIZONA — REGISTERED NO. 105-B

COUNTY Yavapai. — OR VILLAGE _____ — OR

TOWNSHIP _____ — ST. _____ WARD

CITY Prescott. — NO. Mercy Hospital (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED ___ YRS. ___ MOS. 1 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? ___ YRS. ___ MOS. ___ DS.

HOW LONG IN STATE WHEN DEATH OCCURRED? 18 YRS. 10 MOS. 17 DS.

2. FULL NAME Mrs. Stella Coughran. — WARD. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(A) RESIDENCE: NO. Skull Valley. Arizona. (USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Walter Coughran.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 16/1915

7. AGE: 19 YEARS — MONTHS: 10 — DAYS: 17 — IF LESS THAN 1 DAY, ___ HRS. OR ___ MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.: Housewife

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): _____

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Wickenburg. Arizona.

FATHER

13. NAME: Mike Kirkes.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): No Record. Austria.

MOTHER

15. MAIDEN NAME: No Record.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): No Record. Austria.

17. INFORMANT (ADDRESS): Walter Coughran. Skull Valley Arizona.

18. BURIAL, CREMATION, OR REMOVAL: Burial — PLACE: Wickenburg Ariz — DATE: 1/5/35.

19. EMBALMER — LICENSE NO. 8 A. — SIGNATURE: Lester Ruffner

FUNERAL DIRECTOR: Lester Ruffner — ADDRESS: Prescott Arizona.

20. FILED Jan 14, 1932 — Jos. P. McNally, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/3/35. 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 2, 1935 TO Jan 3, 1935, I LAST SAW HER ALIVE ON Jan 2, 1935, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3 a M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Diabetes Mellitus	Don't know.

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? [illegible] WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ 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? No

IF SO, SPECIFY _____

(SIGNED) J. M. Looney, M. D.

(ADDRESS) _____

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—10-6-34—REP-GAZ PRINTERY— FORM 3

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.