

725

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. **132**

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 691
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Phoenix NO. 1001 E. Garfield WARD _____
(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. _____ DS. HOW LONG IN U. S. OR OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Benjamin Dawson Cooley HOW LONG IN STATE WHEN DEATH OCCURRED 3 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 1001 E. Garfield ST. _____ WARD _____
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **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 Mrs. Marie A. Cooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1878

7. AGE 57 YEARS 4 MONTHS 0 DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Commercial Photo-grapher
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) Pleasant Hill, (STATE OR COUNTY) Missouri

13. NAME James Cooley

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) Mo.

15. MAIDEN NAME Laura Meyers

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) Mo.

17. INFORMANT Mrs. Marie A. Cooley
(ADDRESS) 1001 E. Garfield, Phoenix, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Greenwood Cem. DATE 6-6-35, 1935

19. EMBALMER { LICENSE NO. _____ SIGNATURE _____
FUNERAL DIRECTOR A. L. Moore & Sons
ADDRESS Phoenix, Arizona

20. FILED 6/14, 1935 O. W. Thomas, Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-35, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 31, 1935, TO June 4, 1935
I LAST SAW HIM ALIVE ON June 4, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:50 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Stroke Myocarditis
DATE OF ONSET 48 hours

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Diabetes Mellitus 8 years
High Blood Pressure 11 months
Arteriosclerosis

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? clinical **WAS THERE AN AUTOPSY?** _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? no 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) A. B. Howard M. D.
(ADDRESS) 902 Professional Bldg.

10M-11-22-34-REP-GAZ PRINTERY—FORM 3
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION