

1536

23

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 170

1. PLACE OF DEATH
County Cochise State ARIZONA Registered No. 170
Township Douglas or Village _____
City Douglas No. County Hospital 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. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME George C Coryell How long in State when death occurred? yrs. mos. ds.
(a) Residence: 700- E. Ave (Usual place of abode) (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) Widowed
5a. If married, widowed, or divorced HUSBAND of Susan Coryell (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) 1-5-1868
7. AGE Years 71 Months 8 Days 10 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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 Country) Missouri
13. NAME James L Coryell
14. BIRTHPLACE (city or town) (State or Country) Not known
15. MAIDEN NAME Mary Strickland
16. BIRTHPLACE (city or town) (State or Country) Not known
17. INFORMANT James W Coryell (Address) Portal Arizona
18. BURIAL, CREMATION, OR REMOVAL Place Paradise, Arizona Date 9-17-39 19.
19. EMBALMER { License No. 238 Signature London Brown
FUNERAL DIRECTOR Porter S. Ames Address Douglas, Arizona
20. Filed Sept 16, 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-15-39
22. I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1939 to Sept 15th, 1939
I last saw him alive on Sept 15th, 1939; death is said to have occurred on the date stated above, at 11:25 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Other contributory causes of importance: Arterio sclerosis
Name of operation None Date of _____
What test confirmed diagnosis? Autopsy Were 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? _____
If so, specify E. W. Adkinson (Signed) _____, M. D.
(Address) Douglas, Ariz

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.