ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 141
Registrar's No. 172 a

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits write RURAL) (c) Location St. Joseph's Hospital. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 Days; In Community 3 years; In Arizona 5 years. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits write RURAL)

(d) Street No. 1836 South 6th Avenue; (e) If foreign born in U. S. A. ____ yrs.

3. (a) FULL NAME Mae Beaulah Cook. (b) If veteran name war None (c) Social Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	Colored	Married

6. (b) Name of husband ~~or wife~~: George Cook

6. (c) Age of husband ~~or wife~~, if alive 45 yrs.

7. Birthdate of deceased May 12 1903. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	2	17	hrs. ____ min. ____

9. Birthplace Kilgore, Texas (City, town or county) (State or Country)

10. Usual Occupation Housewife.

11. Industry or Business Home.

Father
12. Name L. D. Daniels.
13. Birthplace Kilgore, Texas. (City, town or county) (State or Country)

Mother
14. Maiden Name Melissa Woods.
15. Birthplace Kilgore, Texas. (City, town or county) (State or Country)

16. (a) Informant's own signature George Cook.
(b) Address 1836 South 6th Avenue.

17. (a) Burial, Cremation or Removal Burial.
(b) Place Forest Lawn (c) Date July 12 1940.

18. (a) Embalmer's Signature Leland Dward.
(b) Funeral Director East Lake Mortuary.
(c) Address 641 East Jefferson Street.

19. (a) 7-12-40 (Date received local Registrar)
(b) James L. Johnson (Registrar's Signature)

5M 150% Rag 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 9 1940;
TIME (Hour and minute) 5:30 P. M.

21. I hereby certify that I attended the deceased from 7-7- 1940 to 7-9- 1940;
that I last saw him alive on 7-9-40 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Shock & Cerebral Edema

Due to Blow on head & neck.

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy As above. No fractures.

DURATION
5-6 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Homicide
(b) Date of occurrence July 3-1940
(c) Where did injury occur? Phoenix (City or Town) Maricopa (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ____ (e) Means of injury Blow on head

23. Signature H. Naughton M.D.
Address 15 E. Monroe Date signed 7-12-40