1603

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 41
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Willcox (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 30 years ; in Arizona 30 Years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Willcox, Ariz. (b) County Cochise ; (c) City or Town Willcox, Ariz. (If outside city limits also write RURAL)

(d) Street No. ; (e) Citizen of foreign country (yes or No) No. If Yes, which country

3. (a) FULL NAME Drusilla Watkins Cotner (b) If Veteran name war (c) Social Security No.

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

6. (b) Name of husband or wife

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

7. Birthdate of deceased Jan. 18 1854 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	11	7	hrs. ....min.

9. Birthplace Jefferson City, Tenn. (City, town or county) (State or Country)

10. Usual Occupation House Wife

11. Industry or Business

Father
12. Name Albert G. Watkins
13. Birthplace Unknown (City, town or county) (State or Country)

Mother
14. Maiden Name Louisa Brittain
15. Birthplace Kentucky (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. B. E. Briscoe Sr.
(b) Address Willcox, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Willcox, Ariz (c) Date Dec. 27 42

18. (a) Embalmer's Signature Frank W. Rothman
(b) Funeral Director Frank W. Rothman
(c) Address Willcox, Az.

19. (a) Dec. 25, 1942 (Date received local Registrar)
(b) J. B. Wilson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 25, 19 42;
TIME (Hour and minute) 10:30 A. M.

21. I hereby certify that I attended the deceased from December 24, 19 42 to December 25, 19 42; that I last saw her alive on December 25, 19 42; and that death occurred on the date and hour stated above.

Immediate cause of death Senility and debilitation, was agrivated by pleurisy and gastritis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. E. Briscoe M. D.
Address Willcox, Arizona Date signed 1/2/43

20M 100% Rag 8-42 B. Co. County File No. Date Received