

2393

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 4521

Registrar's No. 53

1. Place of Death: (a) County Yavapai (b) City or Town Clarkdale (c) Location House #10 Santa Fe Section
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 8 yrs
(Specify whether years, months or days) ; In Arizona 1921 27 yrs

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

(d) Street No. House #10 Santa Fe Section (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (f) Social Security No. 708 16 7152

3. (a) FULL NAME David Edison Cotner Sr. (b) If Veteran name war _____ (c) Social Security No. 708 16 7152

4. Sex m. 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Higgie P. Cotner 6. (c) Age of husband 40 yrs
wife, if alive _____

7. Birthdate of deceased October 26 1901
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 6 If less than one day
hrs. _____ min. _____

9. Birthplace Bardwell Kentucky
(City, town or county) (State or Country)

10. Usual Occupation Machinist Foreman

11. Industry or Business Rail Road

Father { 12. Name David Rudolph Cotner
13. Birthplace Unknown U.S.A.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Elizabeth Fraiser
15. Birthplace Unknown U.S.A.
(City, town or county) (State or Country)

16. (a) Informant's own signature Higgie P. Cotner
(b) Address Clarkdale, Ariz.

17. (a) Burial, Cremation or Removal REMOVAL
(b) Place Phoenix (c) Date Oct. 6 1943

18. (a) Embalmer's Signature Scott McMillan
(b) Funeral Director Scott McMillan
(c) Address Jerome Arizona

19. (a) October 4 1943
(Date received local Registrar)
(b) Robert M. May
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 2 1943
TIME (Hour and minute) 8:35 A. M.

21. I hereby certify that I attended the deceased from Oct 2
1943 to Oct 2 1943
that I last saw him alive on Oct 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____

Of autopsy _____

DURATION

2 hrs

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 Melvin L. Ocho, M.D. M. D.
Address Clarkdale, Ariz. Date signed Oct 4, 1943