

2429

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 198

Registrar's No. 216C

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

(d) Length of Stay: In Hospital or Institution 15 days; In Community 15 days; in Arizona 30 yrs
(Specify whether years, months or days)

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

(d) Street No. _____ (a) Citizen of foreign country (yes or No) no
If Yes, which country _____

3. (a) FULL NAME Arthur Cooke (b) If Veteran name war no (c) Social Security No. none

4. Sex male 5. Color of Race white 6. (a) Single, married, widowed or divorced single

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

7. Birthdate of deceased Aug. 22, 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 7 If less than one day hrs. _____ min. _____

9. Birthplace Bellefonte - Penna
(City, town or county) (State or Country)

10. Usual Occupation mining

11. Industry or Business mines

12. Name J. W. Cooke

13. Birthplace Muncie Penn
(City, town or county) (State or Country)

14. Maiden Name Mary Tipton

15. Birthplace Howard Penn
(City, town or county) (State or Country)

16. (a) Informant's own signature Sup. Co. Hosp.

(b) Address Prescott, Arizona

17. (a) Burial, Cremation or Removal burial

(b) Place Douglas (c) Date 11/1/43

18. (a) Embalmer's Signature Walter P. Puffer

(b) Funeral Director Walter P. Puffer

(c) Address Prescott, Arizona

19. (a) _____ (Date received local Registrar)

(b) Lo Bassett (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 29, 1943

TIME (Hour and minute) 10 P M.

21. I hereby certify that I attended the deceased from Oct 10

1943 to Oct 29, 1943

that I last saw him live on Oct 29, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis

Due to Demerol

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION

3 yrs - 10 mos

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? (a) Means of injury _____

23. Signature W. M. Looney M. D.

Address Prescott, Ariz. Date signed 11/1/43