[redacted]

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 195
Registrar's No. 1680

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix rural (If outside city limits also write RURAL) (c) Location Summerlone (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 1 year (Specify whether years, months or days); In Arizona 1 year
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix- rural (If outside city limits also write RURAL)
(d) Street No. 1328 E. Thomas Rd; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME William Irvin Koster (b) If Veteran name war None (c) Social Security No.

4. Sex: Male
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced: Josephine -married
6. (b) Name of husband or wife: Josephine
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased August 12, 1903 (Month) (Day) (Year)
8. AGE: Years 41 | Months | Days | If less than one day hrs. ____ min.
9. Birthplace Harrisburg, Pa. (City, town or county) (State or Country)
10. Usual Occupation Dyer
11. Industry or Business
Father 12. Name William Koster
Father 13. Birthplace Unknown (City, town or county) (State or Country)
Mother 14. Maiden Name Unknown
Mother 15. Birthplace Unknown (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs Josephine Koster
(b) Address 1328 E. Thomas Rd, Phx
17. (a) Burial, Cremation or Removal burial
(b) Place St. Francis (c) Date 10-21-44
18. (a) Embalmer's Signature Leo Russbaum
(b) Funeral Director W. L. Murphy
(c) Address Whitney Funeral Home, Phx
19. (a) OCT 27 1944 (Date received Local Registrar)
(b) Dr Chas Lafferty M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 10-19-44, 19____;
TIME (Hour and minute) 2:15 A.M. M.
21. I hereby certify that I attended the deceased from Dec 24, 1943 to Oct 19, 1944; that I last saw him alive on Oct 12, 1944; and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
Other conditions (Include pregnancy within three months of death) Came to Ariz from Riley with T.B. 1943
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 Chas Lafferty M. D.
Address Phoenix Date signed 10-26-44

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