2297

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 31
Registrar's No. 157

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) Douglas, Hosp.
(d) Length of Stay: In Hospital or Institution 8 days (Specify whether years, months or days); In Community 42 yrs.; In Arizona 42 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)
(d) Street No. 924 19th; (e) Citizen of foreign country (Yes or No)..... If Yes, which country.....
3. (a) FULL NAME Dallas Pink Koontz (b) If veteran name war..... (c) Social Security No. 526-09-8096

4. Sex: Male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Vallie Koontz
6. (c) Age of husband or wife, if alive ? yrs.
7. Birthdate of deceased July (Month) 23, (Day) 1895 (Year)
8. AGE: Years 52 Months 2 Days 14 If less than one day hrs..... min.....
9. Birthplace (Near) Ardmore, Oklahoma (City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business P. D. Corp.
Father: 12. Name Robert Koontz; 13. Birthplace Unknown Texas (City, town or county) (State or Country)
Mother: 14. Maiden Name Carrie Lowe; 15. Birthplace Unknown (City, town or county) (State or Country)
16. (a) Informant's own signature Frank Holland
(b) Address 924 19th Douglas, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date 9-9-47 19.....
18. (a) Embalmer's Signature [signature]
(b) Funeral Director Brown-Page
(c) Address Douglas, Arizona
19. (a) Sept. 10-1947 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9-6-47, 19.....;
TIME (Hour and minute) 4:15 P. M. M.
21. I hereby certify that I attended the deceased from Aug 30, 1947, to Sept 6, 1947; that I last saw h.... alive on Sept 6, 1947; and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of stomach.
Due to.....
Due to.....
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations..... Of autopsy.....

DURATION: 9 months

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 [signature] M. D.
Address Douglas, Ariz. Date signed 9-9-47

40M—100% Rag—1-47