

2370

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO. 1428  
REGISTRAR'S NO. 678

07  
98  
RESIDENCE  
6

2  
1  
DECEDENT  
PERSONAL  
DATA 203  
0  
349

CAUSE  
OF  
DEATH  
(ITEM 18)  
0  
0  
1

OPERATIONS  
AUTOPSY  
9

DEATH  
DUE TO  
EXTERNAL  
FORCE  
2

MEDICAL  
CORONER'S  
CERTIFICATION  
7

FUNERAL  
DIRECTOR  
AND  
REGISTRAR  
2

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Mari.</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Phoenix</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Phoenix</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>3mo.</u> <u>3 mo.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1023 N. 28th St.</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>1023 N. 28th St.</u>		D. STREET ADDRESS <u>1023 N. 28th St.</u>	
3. NAME OF DECEASED A. (FIRST) <u>Laura</u> B. (MIDDLE) <u>Lee</u> C. (LAST) <u>Coombs</u>		4. SEX <u>female</u>	5. COLOR OR RACE <u>Caucasian</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>12</u> DAY <u>21</u> YEAR <u>1948</u>	
8. AGE YEARS <u>0</u> MONTHS <u>3</u> DAYS <u>5</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>None</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	
11. CITIZEN OF WHAT COUNTRY? <u>usa</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u> <u>none</u>	
13. SOCIAL SECURITY NO. <u>none</u>		14A. FATHER'S NAME <u>Kent N. Coombs</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Joyce Marena</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Ariz.</u>		16. INFORMANT'S SIGNATURE <u>Kent N. Coombs</u>	
ADDRESS <u>1023 N. 28th St.</u>		17. DATE OF DEATH (MONTH) <u>3</u> (DAY) <u>30</u> (YEAR) <u>1949</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Accidental Suffocation</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT (SPECIFY) <u>Accident</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>at home</u>	
21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Phoenix Maricopa Ariz.</u>		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>March 30 - 1949 4:30 PM</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Child suffocated under covering while asleep.</u>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>abt 1000 AM</u> TO <u>11:00 AM</u> THAT I <u>NEVER</u> SAW THE DECEASED ALIVE ON <u>19</u> AND THAT DEATH OCCURRED AT <u>1000 AM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>Mrs Coit J. Hughes - Registrar</u>		23B. ADDRESS <u>1501 - 2 - 7th St.</u>	
23C. DATE SIGNED <u>Apr 4 - 1949</u>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>3/31/49</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Memory Lawn Memorial Park</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>APR 1 1949</u>		25B. REGISTRAR'S SIGNATURE <u>M. Kerr D. Kelly</u>	
25C. FUNERAL DIRECTOR'S SIGNATURE <u>Mortensen Kingsley</u>		25D. ADDRESS <u>1020 W. Wash.</u>	

asst. H.D. # 28