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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 331
CERTIFICATE OF DEATH

STATE FILE NO. 2272

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE	
	A. COUNTY <i>Cochise Co</i>		A. STATE <i>Ariz</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Benson</i>		B. COUNTY <i>Benson</i>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>30 years</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Benson Ariz</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (GIVE STREET ADDRESS OR LOCATION)				

IDENTIFICATION DATA	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE
	A. (FIRST) <i>Theresa</i>	B. (MIDDLE) <i>(Ann)</i>	C. (LAST) <i>Cot</i>	<i>Female</i>	<i>White</i>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH	
9B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Unidad, Colo. U.S.</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>0</i>	13. SOCIAL SECURITY NO. <i>0</i>
14A. FATHER'S NAME <i>Don J. Cot</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Conrail Buff Iowa</i>	15A. MOTHER'S MAIDEN NAME <i>Theresa Ann Barr</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Unidad, Colo.</i>
16. INFORMANT'S SIGNATURE <i>Mrs. W. J. Metzger</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>May 10 1949</i>		

CAUSE OF DEATH	18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <i>Cerebral accident</i>			<i>3 mo</i>
	*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Senility</i>			
PLACE DISEASE CONTRACTIONS.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Hypertension</i>				

ACTIONS TAKEN	19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION <i>0</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
FATH IE TO ERNAL LENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL PRONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Feb 1 1948</i> TO <i>Feb 1 1949</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>May 10 1949</i> AND THAT DEATH OCCURRED AT <i>1200h</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <i>Tom Hesser</i>	(DEGREE OR TITLE) <i>M.D.</i>	23B. ADDRESS <i>Benson Ariz</i>
	23C. DATE SIGNED <i>May 10 49</i>		

GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Douglas Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Douglas</i>
	25A. DATE REC'D BY LOCAL REG. <i>5/10/49</i>	25B. REGISTRAR'S SIGNATURE <i>Rollin</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Harlan Brown</i>	27. EMBALMER'S SIGNATURE <i>Wongler</i>
CERT. NO. <i>238</i>				