

1574

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 4909  
120

DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Cochise</b>		2. USUAL RESIDENCE A. STATE <b>Ariz.</b>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Douglas</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>1461 19th St. Douglas,</b>	
DEATH RESIDENCE	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>1461 19th St.</b>		D. STREET ADDRESS <b>1461 19th</b>	
	3. NAME OF DECEASED A. (FIRST) <b>James. W. Coryell Jr.</b>		4. SEX <b>Male</b>	
DEATH RESIDENCE	B. (MIDDLE)		5. COLOR OR RACE <b>White</b>	
	C. (LAST)			
DEATH RESIDENCE	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>12</b> DAY <b>29</b> YEAR <b>41</b>	
	8. AGE YEARS <b>7</b> MONTHS <b>9</b> DAYS <b>3</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
DEATH RESIDENCE	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	
	11. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
DEATH RESIDENCE	14A. FATHER'S NAME <b>James W. Coryell</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	
	15A. MOTHER'S MAIDEN NAME <b>Sally Sims</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>	
DEATH RESIDENCE	16. INFORMANT'S SIGNATURE <i>James W. Coryell</i>		17. DATE OF DEATH (MONTH) <b>October</b> (DAY) <b>1</b> (YEAR) <b>1949</b>	
	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* <b>Broncho Pneumonia</b>	
DEATH RESIDENCE	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Micro Cephalis from birth</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
DEATH RESIDENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
DEATH RESIDENCE	21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>9/25/49</b> TO <b>10/1/49</b> AND THAT DEATH OCCURRED AT <b>11:05 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
DEATH RESIDENCE	23A. SIGNATURE <i>P. R. Callum M.D.</i>		23B. ADDRESS <b>246-10th St. Douglas, Ariz.</b>	
	23C. DATE SIGNED <b>10/3/49</b>			
DEATH RESIDENCE	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>October 3, '49</b>	
	24C. NAME OF CEMETERY OR CREMATORY <b>Paradise</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Paradise, Arizona</b>	
DEATH RESIDENCE	25A. DATE REC'D BY LOCAL REG. <b>Oct 3 - 49</b>		25B. REGISTRAR'S SIGNATURE <i>P. R. Callum</i>	
	26. FUNERAL DIRECTOR'S SIGNATURE <i>Paulon Brown</i>		27. EMBALMER'S SIGNATURE <i>No embalming</i>	