

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5009

CERTIFICATE OF DEATH

REGISTRAR'S NO. 200

14 PLACE OF DEATH 19 AND 97 USUAL RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3mths life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Navajo	
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Cibecue <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Fort Apache Indian Reservation			
DECEDENT PERSONAL DATA 103 954	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Corydon B. (MIDDLE) Carleton C. (LAST) Cooley			4. SEX male	5. COLOR OR RACE Indian	
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	7. DATE OF BIRTH MONTH DAY YEAR Feb 4 1891	8. AGE (IN YEARS LAST BIRTHDAY) 63	IF UNDER 1 YEAR MONTHS DAYS 7 22	IF UNDER 24 HRS. HOURS MIN. ** **	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Indian trader
	9B. KIND OF BUSINESS OR INDUSTRY Indian trader	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Cooley Ranch, Ariz.	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no *****	13. SOCIAL SECURITY NO. 527-40-9018	
	14A. FATHER'S NAME Corydon Eliphalet Cooley	14B. BIRTHPLACE (STATE OR COUNTRY) Virginia	15A. MOTHER'S MAIDEN NAME Mollie Tsahkachin	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona		
16. INFORMANT'S SIGNATURE (wife) Ann M. Cooley		ADDRESS P. Cooley Ariz		17. DATE OF DEATH Sept 26 1954	(MONTH) (DAY) (YEAR)	
CAUSE OF DEATH (ITEM 18)	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 CONTRA-CTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Aortic aneurism DUE TO (B) Hypertension DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 3 months years
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DEATH DUE TO EXTERNAL VIOLENCE	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)	
	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 OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1947 TO Sept. 26 1954. THAT I LAST SAW THE DECEASED ALIVE ON Sept. 26 1954 AND THAT DEATH OCCURRED AT 11:10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE Walter M. D. Brim M.D.		23B. ADDRESS Globe		23C. DATE SIGNED 9.27.54	
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE Sept 29, 1954	24C. NAME OF CEMETERY OR CREMATORY Fort Apache Cemetery (Military)		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Fort Apache, Arizona	
	25A. DATE REC'D BY LOCAL REG. 9-27-54	25B. REGISTRAR'S SIGNATURE Gene Wausche		25C. FUNERAL DIRECTOR'S SIGNATURE Gene James Walker 25D. EMBALMER'S SIGNATURE Gene James Walker #323		