

## STANDARD CERTIFICATE OF DEATH

## Arizona State Board of Health

BUREAU OF VITAL STATISTICS

## 1. PLACE OF DEATH

County ~~John Thomas Coleman~~ Maricopa State ARIZONA State File No. 196  
 Township Mesa or Village \_\_\_\_\_ or  
 City Mesa No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 16 ds. How long in U. S. of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME John Thomas Coleman How long in State when death occurred 50 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(a) Residence: No. Mesa, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)  
 (Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a If married, widowed, or divorced  
 HUSBAND of Ann Coleman  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1870

7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Montgomery  
 (State or Country) Ala.

13. NAME Philip H. Coleman

14. BIRTHPLACE (city or town) Ga.  
 (State or Country)

15. MAIDEN NAME Sarah Whorton

16. BIRTHPLACE (city or town) Ga.  
 (State or Country)

17. INFORMANT Paul Coleman  
 (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL  
 Place Mesa, Arizona Date 8-14-38 19. \_\_\_\_\_

19. EMBALMER { License No. 228  
 Signature R. N. Daybell

FUNERAL DIRECTOR Meldrum Mortuary  
 Address Mesa, Arizona

20. Filed Aug. 25, 1938 Registrar [Signature]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1938, to 8-12, 1938

I last saw him alive on 8-11, 1938; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

1935 - Congestive Heart failure due to Arteriosclerotic Disease

Date of Onset  
1935

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

\_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

\_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) [Address]

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.