BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 512

Registered No. 173

1. PLACE OF DEATH

County Pima State Arizona

District or Township 12 or Village

City Tucson No. Arizona Rest Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Dora F. Coates

(a) Residence, No. (Usual place of abode) St., Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) ?

7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	30 ?			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant Arizona Rest Home Records

(Address)

15. Filed 2/22 1929 Walter Reuse Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 21, 1929 (Month, Day, Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19... to Feb-21-, 1929

that I last saw h. on alive on Feb-21-, 1929

and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows: Intracerebral of the Lymph glands on fracture

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Ohio

Did an operation precede death? Yes Date of Don't Know

Was there an autopsy? No

What test confirmed diagnosis? Surgeon

(Signed) David H Watson M. D.

Feb 22, 1929 (Address) Tucson

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF ~~BURIAL~~, CREMATION OR ~~REMOVAL~~ Phoenix Ariz

DATE OF BURIAL 2/24/29

20. UNDERTAKER Parker-Grimshaw Und Co

ADDRESS Tucson

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. See instructions on back of certificate.