

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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

State File No. 107 Registered No. 22

1. PLACE OF DEATH  
County Maricopa State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Tempe No. Social Welfare Sanitorium Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give the NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. 3 mos. 2 ds. How long in U. S. if of foreign birth? 2 yrs. 3 mos. 2 ds.  
2. FULL NAME William H. Cotton How long in State where death occurred? 2 yrs. 3 mos. 2 ds.  
(a) Residence: No. Phoenix, Route 10. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>April 15, 1938</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>8-3-</u> 19 <u>35</u> , to <u>4-15</u> 19 <u>38</u>	
6. DATE OF BIRTH (month, day, and year) <u>October 16, 1907</u>				I last saw him alive on <u>4-14</u> 19 <u>38</u> ; death is said to have occurred on the date stated above, <u>2:50 A.M.</u>	
7. AGE		If LESS than 1 day, hrs. or min.		The principal cause of death and related causes of importance were as follows:	
Years	Months	Days	Date of Onset		
<u>30</u>	<u>6</u>	<u>29</u>		<u>Pulmonary tuberculosis bilateral.</u>	<u>1931</u>
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>		Other contributory causes of importance:	
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
MOTHER FATHER		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
		12. BIRTHPLACE (city or town) (State or Country) <u>Dufur Oregon</u>		Name of operation <u>None</u> Date of _____	
MOTHER FATHER		13. NAME <u>Ethelbert Cotton</u>		What test confirmed diagnosis <u>Clinical</u> there an autopsy? <u>No.</u>	
		14. BIRTHPLACE (city or town) (State or Country) <u>Nebraska</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
MOTHER FATHER		15. MAIDEN NAME <u>Ringie Underwood</u>		Where did injury occur? _____ (Specify city or town, county and State)	
		16. BIRTHPLACE (city or town) (State or Country) <u>Oregon</u>		Specify whether injury occurred in industry, in home, or in public place: _____	
MOTHER FATHER		17. INFORMANT <u>Mother</u> (Address) _____		Manner of injury _____	
		18. BURIAL, CREMATION, OR REMOVAL <u>BURIAL.</u> Place <u>Greenwood</u> Date <u>April 16 1938</u>		Nature of injury _____	
MOTHER FATHER		19. EMBALMER { License No. _____ Signature <u>H. M. Maus</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No.</u>	
		FUNERAL DIRECTOR <u>Maus Mortuary,</u> Address <u>Phoenix, Arizona.</u>		If so, specify _____ (Signed) <u>Geat H. Shaper M. D.</u> (Address) <u>Phoenix, Arizona.</u>	
MOTHER FATHER		20. Filed <u>7/17/38</u> by <u>Geo B. Brown</u> Registrar			