

Arizona Deaths, 1870-1951 Co Cotton, Oswald Thomas, 1926 Image 1 of 1

DEATH CERTIFICATE

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Maricopa State Arizona State File No. 1376
 District or Township _____ of Village _____ Registered No. 1890
 City Phoenix No. Grice Canal + 16th St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Oswald Thomas Cotton
 (a) Residence, No. _____ (Usual place of abode) St. _____ Ward _____
(If non-resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. <u>Single</u>			16. DATE OF DEATH (month, day, and year) <u>Dec. 6 - 1926</u>				
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him alive on <u>Dec 1 1926</u> and that death occurred on the date stated above, at <u>1001</u> in the CAUSE OF DEATH was as follows: <u>Diphtheria</u>				
6. DATE OF BIRTH (month, day and year) <u>Sept. 24 - 1914</u>									
7. AGE Years <u>12</u> Months <u>9</u> Days <u>12</u>	IF LESS than 1 day _____ hrs. or _____ min.								
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>School boy</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.				
9. BIRTHPLACE (city or town) (State or country) <u>Oregon</u>					18. Where was disease contracted if not at place of death? _____				
10. NAME OF FATHER <u>E. T. Cotton</u>					Did an operation precede death? <u>No</u> Date of _____				
11. BIRTHPLACE OF FATHER (State or country) <u>Nebraska</u>					Was there an autopsy? <u>No</u>				
12. MAIDEN NAME OF MOTHER <u>Elizabeth Vandewater</u>					What test confirmed diagnosis? <u>Campbell</u>				
13. BIRTHPLACE OF MOTHER (State or country) <u>Oregon</u>					Signed: <u>James G. Jett</u> M. D. <u>Dec 7 1926</u> Address <u>1001 Grice Canal Phoenix Arizona</u>				
14. Informant <u>Patton</u>					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Manner and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).				
15. Filed <u>12-8</u> 19 <u>26</u> <u>[Signature]</u> Registrar					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood</u>		DATE OF BURIAL <u>Dec. 8 - 1926</u>		
					20. UNDERTAKER <u>H. M. Mans</u>		ADDRESS <u>311 N. 1st Ave</u>		

N. B.—WRITE MAINLY WITH UNFADING INK. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH as fully as possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate.