

1 PLACE OF DEATH
COUNTY OF ESMERALDA

TOWN OF GOLDFIELD
OF
CITY OF _____

NEVADA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATH

State Index No. _____
LOCAL REGISTERED NO. _____

(If death occurred in a hospital or institution, give the name, number of room and number and of set No. 181)

(Sex) _____ (Age) _____ (Ward) _____

*Full Name MARY COOK CLARK

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>FEMALE</u>	4 COLOR OR RACE <u>COLORED</u>	3 Single, Married, Widowed or Divorced (Write the word) <u>MARRIED</u>	10 DATE OF DEATH <u>JUNE 17</u> 19 <u>64</u> (Month) (Day) (Year)	
2 DATE OF BIRTH <u>DEC. 13</u> 18 <u>91</u> (Month) (Day) (Year)	7 AGE <u>72</u> yrs. _____ mo. _____ da. _____ yrs. or _____ mo.		11 I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>64</u> to _____, 19 <u>64</u> that I last saw h. _____ alive on _____, 19 <u>64</u> and that death occurred on the date stated above at <u>3:30 AM</u> The CAUSE OF DEATH* was as follows: <u>CORONARY DISEASE</u>	
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)				
5 BIRTHPLACE (State or country) <u>ACLARE, IRELAND</u>				
PARENTS	10 NAME OF FATHER <u>TOM COOK</u>	12 DISTRICT (Duration) _____ yrs. _____ mo. _____ da.		
	11 BIRTHPLACE OF FATHER (State or country)	13 DISTRICT (Secondary)		
	12 MARRIAGE NAME OF MOTHER <u>ANN HARAN</u>	(Duration) _____ yrs. _____ mo. _____ da.		
	13 BIRTHPLACE OF MOTHER (State or country)	(Signed) <u>A. M. CODOVA</u> CORONER et. d. 19 <u>64</u> (Address) <u>GOLDFIELD NEVADA</u>		
14 LENGTH OF RESIDENCE At place of Death <u>47</u> yrs. _____ months In Nevada _____ yrs. _____ months			*Write the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Manner of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>JAMES CLARK 2725 HOLMES</u> (Address) <u>NO. LAS VEGAS NEVADA.</u>			16 SPECIAL INFORMATION (a) for Hospitals, Institutions, Transients, or Boarding Houses Former or Usual Residence <u>GOLDFIELD NEVADA</u> Place of Death _____ Days Where was disease contracted, if not at place of death: _____	
17 Filed _____ 19 <u>64</u> At _____	18 SIGNATURE OF REGISTRAR <u>RUSSELL A. JOY M.D.</u> Registrar of Deaths		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>TONOPAH CEMETERY</u> <u>JUNE 20,</u> 19 <u>64</u> 20 UNDERTAKER ADDRESS <u>LOGAN MORTUARY 119 TONOPAH, NEVADA.</u>	