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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No. 858
Registrar's No. 858

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location 1709 E. 6th (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ______; In Community 29 Yrs. ; In Arizona 29 Yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz. ; (b) County Pima (c) City or Town Tucson (If outside city limits also write RURAL)

(d) Street No. 1709 E. 6th St. (e) Citizen of foreign country (Yes or No) NO If Yes, which country

3. (a) FULL NAME John Vincent Cogan (b) If veteran name war (c) Social Security No.

4. Sex M
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Pauline A. Cogan
6. (c) Age of husband or wife, if alive 53 yrs.
7. Birthdate of deceased Sept. 5, 1890 (Month) (Day) (Year)
8. AGE: Years 57 Months Days 5 If less than one day hrs. min.
9. Birthplace N.Y.C. (City, town or county) (State or Country)
10. Usual Occupation Dentest
11. Industry or Business
Father: 12. Name James E. Cogan
13. Birthplace N.Y. (City, town or county) (State or Country)
Mother: 14. Maiden Name Katherine Mularkey
15. Birthplace N.Y. (City, town or county) (State or Country)
16. (a) Informant's own signature Pauline A. Cogan
(b) Address 1709 East Sixth St. Tucson, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Holy Hope (c) Date 9-13-47 19
18. (a) Embalmer's Signature R R Kerr
(b) Funeral Director Parker Mortuary
(c) Address Tucson, Arizona.
19. (a) 9-13-47 (Date received by Local Registrar)
(b) Theresa H. Oakey Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 10-47, 19
TIME (Hour and minute) 12:15 A. M.

21. I hereby certify that I attended the deceased from May, 1946 to Sept 10, 1947
that I last saw him alive on Sept 9, 1947
and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Cardiac Failure	12 hours
Due to Pulmonary Tuberculosis	30 yrs
Due to	
Other conditions (Include pregnancy within three months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M Merritt M. D.
Address 1108 Scott Tucson
Date signed 12 Sept 47.

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