Attached

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2333

CERTIFICATE OF DEATH

BIRTH NO. 17 OF DEATH, AND 29 RESIDENCE 4-047 — REGISTRAR'S NO. 1082

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 10 yrs. IN ARIZONA: 10 yrs.
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2410 West Adams Street

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX	5. COLOR OR RACE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
WILLIAM	C.	COOGAN	M	White	Never Married

6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH	DAY	YEAR	8. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)
- - -	12	5	93	62					Contractor (retired)

9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)	(IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO.
- - -	Massachusetts	USA	Yes	WW II	Unknown

14A. FATHER'S NAME	14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME	15B. BIRTHPLACE (STATE OR COUNTRY)
William J. Coogan	Mass.	Harriett Clafey	Mass.

16. INFORMANT'S SIGNATURE — ADDRESS: VA Hospital Records, Phoenix, Arizona

17. DATE OF DEATH (MONTH) APRIL (DAY) 24 (YEAR) 1956

163 X CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(A) Carcinoma of left main bronchus with hilar and mediastinal metastases	1 year
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B) - - -	
	DUE TO (C) - - -	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	1. Pulmonary emphysema, severe 2. Chronic Cor Pulmonale	Indef. Indef.

OPERATIONS, AUTOPSY 1

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☒ NO ☐

MEDICAL CERTIFICATION 1

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-20, 19 56, TO 4-24, 19 56, [illegible] AND THAT DEATH OCCURRED AT 3:05 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE)	22B. ADDRESS	22C. DATE SIGNED
B.N.LIPSCHULTZ, M.D., Chief, Medical Service	VA Hospital, Phoenix, Arizona	4-24-56

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR)	23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	23F. HOW DID INJURY OCCUR?
M		

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED

GENERAL DIRECTOR AND REGISTRAR 85

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐	25B. DATE	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
	4-26-56	St. Francis Cemetery	Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.	26B. REGISTRAR'S SIGNATURE	27A. FUNERAL DIRECTOR'S SIGNATURE	27B. ADDRESS
4/25/56	Burdah Johnston	H. L. Humphreys	

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FORM VS-2 REV. 8-1-55 [illegible] AMPCO 7/[illegible]