

William Joseph Cooley

Occupant Name: William Joseph Cooley

Location: Section Q, Lot 13

Date of Birth: 12/4/1912

Date of Death: 6/19/1913

Date of Burial: 6/20/1913

Veteran: No

Lot Owner: G. Cooley

Multiple Occupants: No

Comment:

COOLEY—Joe, the infant son of Geo. Cooley and wife, died Thursday morning, June 19, 1913, of a short illness of cholera infantum, aged six months and fifteen days. Funeral services were conducted at the residence Friday afternoon at 2 o'clock, Rev. T. J. Due officiating, after which the remains were interred in Fairview cemetery.



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Indiana State Board of Health. 64

CERTIFICATE OF DEATH.

County of Jackson Registered No. _____

Township of Beaumont

Village of Beaumont

City of Beaumont St. _____ Ward _____

PLACED BY: _____

IF DEATH OCCURS AWAY FROM USUAL RESIDENCE, GIVE FACTS CALLED FOR UNDER "SPECIAL INFORMATION."

FULL NAME William Joe Cooley

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR <u>White</u>	DATE OF DEATH <u>June 19</u> 19 <u>13</u>	
DATE OF BIRTH <u>12</u> / <u>4</u> / <u>1912</u>			
AGE <u>6</u> yrs., <u>15</u> mos., <u>15</u> days		I, HEREBY CERTIFY, That I attended deceased from <u>June 18</u> 19 <u>13</u> to <u>June 17</u> 19 <u>13</u> that I last saw him alive on <u>June 19</u> 19 <u>13</u> and that death occurred, on the date stated above, at <u>9</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED _____		The CAUSE OF DEATH was as follows: <u>Cholera Infantum</u>	
NAME OF HUSBAND OR WIFE _____		<u>104</u> (DURATION) <u>2</u> DAYS	
BIRTHPLACE OF DECEASED <u>Jackson Co. Ind.</u>		Contributory _____ (SIGNED) <u>M. D. Garrison</u> M. D.	
NAME OF FATHER <u>Geo. H. Cooley</u>		<u>June 19 1913</u> (Where) <u>Beaumont</u>	
BIRTHPLACE OF FATHER <u>Ind.</u>		SPECIAL INFORMATION only for Hospitals, Institutions and Transients: _____	
NAME OF MOTHER <u>Ada M. Eiders</u>		How long at _____ (Duration) _____ Days	
BIRTHPLACE OF MOTHER <u>Jackson Co. Ind.</u>		Where was disease contracted, if not at place of death? _____	
NAME OF DECEASED <u>Joe</u>		PLACE OF BURIAL OR REMOVAL <u>Fairview Cem. June 20 1913</u>	
DATE OF DEATH <u>June 19 1913</u>		NO. OF LICENSE <u>481</u>	
NAME OF DECEASED <u>Joe</u>		ADDRESS <u>Cooley Ind</u>	
NAME OF DECEASED <u>Joe</u>		WAS THE BODY EMBALMED? <u>No</u>	
NAME AND SIGNATURE OF HEALTH OFFICER OR DEPUTY <u>A. Cummings</u>			