ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3 342

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Wickenburg
C. LENGTH OF STAY IN THIS PLACE 4 Mos IN ARIZONA 4 Mos
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Remuda Ranch

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Rhode Island
B. COUNTY Providence
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Providence
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 15 Oriole Ave.

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) William B. (MIDDLE) C. (LAST) Fletcher

4. SEX Male

5. COLOR OR RACE White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH MONTH March DAY 4 YEAR 1877

8. AGE 74 YRS 10 MOS 13 DYS

IF UNDER 24 HOURS: HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Retired Real Estate

9B. KIND OF BUSINESS OR INDUSTRY Real Estate

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Rhode Island

11. CITIZEN OF WHAT COUNTRY U. S. A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO. None

14A. FATHER'S NAME Robert Lilley

14B. BIRTHPLACE (STATE OR COUNTRY) Mass.

15A. MOTHER'S MAIDEN NAME Belvedere Fletcher

15B. BIRTHPLACE (STATE OR COUNTRY) Rhode Island

16. INFORMANT'S SIGNATURE Pete Fletcher, ADDRESS Wickenburg, Arizona.

17. DATE OF DEATH (MONTH) Jan. (DAY) 17 (YEAR) 1952

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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Hypertension, many years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1940, 19__, TO 1-17-52, 1952, THAT I LAST SAW THE DECEASED ALIVE ON 1-17-52, 19__, AND THAT DEATH OCCURRED AT 5:45 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) Floyd B. Brallier M.D.

23B. ADDRESS Wickenburg, Arizona.

23C. DATE SIGNED 1-18-52

24A. BURIAL ☐ CREMATION ☒ REMOVAL ☐

24B. DATE 1-19-52

24C. NAME OF CEMETERY OR CREMATORY Greenwood

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona;

25A. DATE REC'D BY LOCAL REG. 1-19-52

25B. REGISTRAR'S SIGNATURE Naomi Coffinger

26. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffinger ADDRESS Wickenburg ariz.

27. EMBALMER'S SIGNATURE H. L. Coffinger CERT. NO. 188-A

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FORM VS 2 REV. 2011