Rider

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1365

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 30

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma
C. LENGTH OF STAY IN THIS PLACE: 33 yrc; IN ARIZONA: 33 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1007 8th St

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma, rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 908 Dora Avenue

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): JAMES
B. (MIDDLE): OSBORNE
C. (LAST): FLETCHER

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED — NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

7. DATE OF BIRTH — MONTH: Jan; DAY: 7; YEAR: 1868

8. AGE — YEARS: 84; MONTHS: 0.; DAYS: 28

IF UNDER 24 HOURS — HOURS: ; MIN.:

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farmer, retired

9B. KIND OF BUSINESS OR INDUSTRY: Farming

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Georgia

11. CITIZEN OF WHAT COUNTRY? USA

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.: no

14A. FATHER'S NAME: Andrew Jackson Fletcher

14B. BIRTHPLACE (STATE OR COUNTRY): Georgia

15A. MOTHER'S MAIDEN NAME: Unknown

15B. BIRTHPLACE (STATE OR COUNTRY): Unk

16. INFORMANT'S SIGNATURE: George Fletcher
ADDRESS: Box 832 Yuma, Arizona

17. DATE OF DEATH — (MONTH): February; (DAY): 5; (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) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Generalized Arteriosclerosis — 5 years
DUE TO (c) advanced age

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 Nov 27, 1951 TO Feb 4, 1952. THAT I LAST SAW THE DECEASED ALIVE ON Feb 4, 1952 AND THAT DEATH OCCURRED AT 2:30A. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Robert E. Rider M.D.

23B. ADDRESS: 167 E. 3rd St Yuma

23C. DATE SIGNED: Feb. 5, 1952

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐

24B. DATE: 2-7-52

24C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

25A. DATE REC'D BY LOCAL REG.: 2-7-52

25B. REGISTRAR'S SIGNATURE: Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE: Johnson Mortuary, Inc. R E Johnson
ADDRESS: Box 310 Yuma, Arizona

27. EMBALMER'S SIGNATURE: R E Johnson
CERT. NO: 246

FORM VS 2 REV. 3-50 15M

15 15 CE OF DEATH 5 AND 86 AL RESIDENCE 5 — 1 — DECEDENT 3 PERSONAL DATA 184 7 252 — 4500 CAUSE OF DEATH 0 0 ITEM 18) — 9 OPERATIONS, AUTOPSY — 7 DEATH DUE TO EXTERNAL VIOLENCE — 1 MEDICAL CORONER'S CERTIFICATION — 93 FUNERAL DIRECTOR AND REGISTRAR 2 — 104 105