

658

PLACE OF DEATH

COUNTY Cochise

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 476  
REGISTERED NO. 54

TOWNSHIP \_\_\_\_\_  
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_

2. FULL NAME William Fournier  
(A) RESIDENCE NO. \_\_\_\_\_ (USUAL PLACE OF ABODE)

STATE ARIZONA  
OR VILLAGE Dragon ST. \_\_\_\_\_  
NO. \_\_\_\_\_ OF FOREIGN BIRTH \_\_\_\_\_ YR. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
HOW LONG IN STATE WHEN DEATH OCCURRED? 74 YR. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
WARD \_\_\_\_\_ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1935  
I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM \_\_\_\_\_  
22. Nov. 24, 1934 TO Jan 2, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) married  
HUSBAND OF Lucinda G. Fournier  
(OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1839  
7. AGE 95 YEARS 6 MONTHS

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. cattleman  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_  
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) PERKIE  
(STATE OR COUNTY) Boone Co. Mo.

13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTY) \_\_\_\_\_

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) Texas  
(STATE OR COUNTY) Dragon, Ariz

17. INFORMANT (ADDRESS) D. A. Adams  
18. BURIAL, CREMATION, OR REMOVAL PLACE Benson, Ariz

19. EMBALMER (ADDRESS) Frank W. Patterson  
FUNERAL DIRECTOR W. W. Adams  
ADDRESS Mar 19, 1935

20. FILED Mar 19, 1935

I LAST SAW HIM/LIVE ON \_\_\_\_\_  
TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT \_\_\_\_\_  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Myocarditis chronic

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE  
Fracture of 5-6 ribs left side (accidental) fall on Nov. 27

NAME OF OPERATION Clinical DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: contributing cause fall DATE OF INJURY 11/27/1934  
ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_  
WHERE DID INJURY OCCUR? at home (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE in home

MANNER OF INJURY fall  
NATURE OF INJURY Fracture of ribs  
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no  
IF SO, SPECIFY \_\_\_\_\_  
(SIGNED) B. W. Adams  
(ADDRESS) Boysen Ariz M. D.

MARGIN IS EXCLUDED FROM THIS FORM  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS EXCLUDED FROM THE MARGIN  
AGE should be carefully supplied. AGE should be properly classified.  
FORMATION OF DEATH in plain terms, so that it may be properly classified.  
CAUSE OF DEATH is very important.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION