2241

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 4

Registrar's No.

1. Place of Death: (a) County Apache (b) City or Town Vernon (If outside city limits write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 15 years ; In Arizona 16 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Apache (c) City or Town Vernon (If outside city limits write RURAL)

(d) Street No. ; (e) If foreign born in U. S. A. yrs.

3. (a) FULL NAME John Charles Francy (b) If veteran name war (c) Social Security No. none (If NONE write the word)

4. Sex Male | 5. Color or Race white | 6. (a) Single, married, widowed or divorced married.

6. (b) Name of husband or wife Ellen Francy | 6. (c) Age of husband or wife, if alive 74 yrs.

7. Birthdate of deceased July (Month) 30 (Day) 1863 (Year)

8. AGE: Years 78 | Months | Days 9 | If less than one day hrs. min.

9. Birthplace Henry County (City, town or county) Iowa (State or Country)

10. Usual Occupation Farmer

11. Industry or Business own farm

Father
12. Name Timothy Francy
13. Birthplace Kells Parish (City, town or county) Ireland (State or Country)

Mother
14. Maiden Name Martha Ann Hall
15. Birthplace Henry County (City, town or county) Iowa (State or Country)

16. (a) Informant's own signature R E Francy
(b) Address Vernon Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place St Johns (c) Date Aug 9th 19 41

18. (a) Embalmer's Signature C. F. Pascoe
(b) Funeral Director
(c) Address Springerville.

19. (a) August 14th 1941 (Date received local Registrar)
(b) Mrs H. H. Heaster (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 8, 1941;
TIME (Hour and minute) 4:12 A.M.

21. I hereby certify that I attended the deceased from Aug 6, 1941, to Aug 8, 1941; that I last saw him alive on Aug 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration — DURATION 11 years.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature James C. Chapman M.D.
Address Springerville, Ariz. Date signed Aug 12, 1941.