2066

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 224
Registrar's No. 1198

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Samaritan Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 days; In Community 1 year; In Arizona 2/22/1882 (Specify whether years, months or days)

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

(d) Street No. 534 W Latham; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Percy Sowers Rider (b) If Veteran name war -- (c) Social Security No. --

4. Sex M

5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced

6. (b) Name of husband or wife Bessie B Herbst Rider

6. (c) Age of husband or wife, if alive 83 yrs.

7. Birthdate of deceased May 15, 1860 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 3 If less than one day hrs. min.

9. Birthplace Canton, Ohio (City, town or county) (State or Country)

10. Usual Occupation Retired - Mgr Old Pueblo Club

11. Industry or Business

Father
12. Name Louis DeBarth Rider
13. Birthplace Maryland (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Dunbar
15. Birthplace Unk. (City, town or county) (State or Country)

16. (a) Informant's own signature Miss Jane Rider
(b) Address 534 W Latham, Phoenix, Arizona

17. (a) Burial, Cremation or Removal removal
(b) Place Tucson, Arizona (c) Date July 19, 44

18. (a) Embalmer's Signature C Stanley Clegg
(b) Funeral Director A L Moore and Sons
(c) Address 333 W Adams St., Phoenix, Arizona

19. (a) JUL 18 1944 (Date received Local Registrar)
(b) Carl J. Hughes, MD (Registrar's Signature)
HBH

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 18, 1944;
TIME (Hour and minute) 2:10 A M.

21. I hereby certify that I attended the deceased from March 1, 1943, to July 18, 1944; that I last saw him alive on July 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart (myocarditis) — DURATION 3 yrs
Due to arterio-sclerosis senile — 10 yrs
~~Due to~~ also aneurysm of abdominal aorta — 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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 G. J. Fabian M. D.
Address 402 Heard Bldg Date signed July 18/44