

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

70

State File No. _____

Registrar's No. 27

1. Place of Death: (a) County Cochise (b) City or Town Douglas (c) Location 705 Green
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 36 yrs.; In Arizona 70 yrs.
(Specify whether years, months or days)

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

(d) Street No. 705 Green; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME James William Fourn (b) If veteran name war _____ (c) Social Security No. 7

4. Sex Male 5. Race White Indian Negro 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Lupe Fourn 6. (c) Age of husband or wife, if alive 6? yrs.

7. Birthdate of deceased April 1, 1868
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 30 hrs. _____ min. _____
If less than one day

9. Birthplace San Diego County, Calif.
(City, town or county) (State or Country)

10. Usual Occupation Cattle Inspector

11. Industry or Business _____

Father { 12. Name William Fourn

13. Birthplace Unknown Missouri
(City, town or county) (State or Country)

Mother { 14. Maiden Name Lucenda Jane Nunn

15. Birthplace Unknown Louisiana
(City, town or county) (State or Country)

16. (a) Informant's own signature Wm Roy Fourn

(b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Douglas (c) Date Feb 3, 1948

18. (a) Embalmer's Signature Houlton Brown

(b) Funeral Director Brown-Page

(c) Address Douglas, Arizona

19. (a) Feb 3 - 1948
(Date received Local Registrar)

(b) Cecil Dawson
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 31, 1948
TIME (Hour and minute) 10:30 P. M.

21. I hereby certify that I attended the deceased from Jan. 29 - 1948 to Jan. 31 - 1948,
that I last saw him alive on Jan 31 - 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Angina Pectoris
Coronary Sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Douglas Wignam Date signed 2/3/48

DURATION

2 days
3 years
3 years

PHYSICIAN

Underline the cause to which death should be charged statistically