

CERTIFICATE OF DEATH

RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Pinna Rural</u>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>63 yrs 73 yrs</u>	
RESIDENCE	D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	3. NAME OF DECEASED A. (FIRST) <u>JOSEPH</u> B. (MIDDLE) <u>EDWARD</u> C. (LAST) <u>FOLLETT, SR.</u>		4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>	
RESIDENCE	6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>2</u> DAY <u>5</u> YEAR <u>1860</u>	
	8. AGE YEARS <u>90</u> MONTHS <u>2</u> DAYS <u>16</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
RESIDENCE	9B. KIND OF BUSINESS OR INDUSTRY <u>Callboxman</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Provo Utah</u>	
	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
RESIDENCE	14A. FATHER'S NAME <u>W. G. Follett</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ind Tenn</u>	
	15A. MOTHER'S MAIDEN NAME <u>Mary W. Fancher</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Tenn</u>	
RESIDENCE	16. INFORMANT'S SIGNATURE <u>Joseph Edward Follett, Jr.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April, 21 - 1950</u>	
	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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Intestine obstructed</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Sanguine hemia</u> DUE TO (c) <u>old age -</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
RESIDENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
RESIDENCE	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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
RESIDENCE	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>19 Jun 1946</u> TO <u>21 Apr 1950</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>20 Apr 1950</u> , AND THAT DEATH OCCURRED AT <u>4:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
RESIDENCE	23A. SIGNATURE <u>J. W. Knight MD</u> (DEGREE OR TITLE)		23B. ADDRESS <u>Flagstaff Arizona</u>	
	23C. DATE SIGNED <u>22 Apr 1950</u>			
RESIDENCE	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE <u>4/28-50</u>	
	24C. NAME OF CEMETERY OR CREMATORY <u>Pinna Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pinna Ariz</u>	
RESIDENCE	25A. DATE REC'D BY LOCAL REG. <u>April 28, 1950</u>		25B. REGISTRAR'S SIGNATURE <u>J. M. Stull</u>	
	25C. REGISTRAR'S ADDRESS <u>W. C. Rawson Safford Ariz</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson</u> ADDRESS <u>116A.</u>	
RESIDENCE	27. EMBALMER'S SIGNATURE <u>W. C. Rawson</u>		CERT. NO.	