

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

3434
52

BIRTH NO.

05 05
OF DEATH
41
AND
RESIDENCE
6

1. PLACE OF DEATH A. COUNTY <u>GRANAH</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>ARIZONA</u> B. COUNTY <u>GRANAH</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>THATCHER</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>THATCHER</u>	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>64 SINCE BIRTH</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>V</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			

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3. NAME OF DECEASED (TYPE OR PRINT) <u>JAMES EDMOND YOUNG</u>			4. SEX <u>MALE</u>	5. COLOR OR RACE <u>WHITE</u>
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR <u>AUG 20 1885</u>	8. AGE YEARS MONTHS DAYS <u>64 10 26</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>FARMER.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO.</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>FARMER.</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>ARIZONA</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. SOCIAL SECURITY NO.	
14A. FATHER'S NAME <u>JOHN DANIEL YOUNG</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>UTAH</u>	15A. MOTHER'S MAIDEN NAME <u>SARAH ANN LEE</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>UTAH.</u>	
16. INFORMANT'S SIGNATURE <u>Elizabeth Young Thatcher</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>July 16 1950</u>		

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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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION <u>January 1950</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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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 <u>M</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

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ICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-4 1950 TO June 6 1950. THAT I LAST SAW THE DECEASED ALIVE ON June 6 1950. AND THAT DEATH OCCURRED AT 6:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <u>John W. Mason M.D.</u>	23B. ADDRESS <u>Safford, Arizona</u>	23C. DATE SIGNED <u>7/18/50</u>
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>July 17-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Thatcher Cemetery Thatcher Ariz</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
25A. DATE REC'D BY LOCAL REG. <u>July 21, 1950</u>	25B. REGISTRAR'S SIGNATURE <u>Deputy C. H. [Signature]</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson</u>	27. EMBALMER'S SIGNATURE <u>W. C. Rawson</u>