ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2319

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 16.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Pima Ariz
C. LENGTH OF STAY IN THIS PLACE: 5 days; IN ARIZONA: 73 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Inter Hosp

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz
B. COUNTY: Graham
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Pima Ariz Rural.
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 625 - Central

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ORRIEN B. (MIDDLE) W C. (LAST) FOLLETT
4. SEX: M.
5. COLOR OR RACE: W.
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Jan. DAY 25 YEAR 1880
8. AGE: YEARS 73 MONTHS 3 DAYS 11
IF UNDER 24 HOURS: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Business man
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ariz
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) — (IF YES, WAR OR DATES OF SERVICE) —
13. SOCIAL SECURITY NO. 537-14-8064
14A. FATHER'S NAME: Isaac Follett
14B. BIRTHPLACE (STATE OR COUNTRY): Utah.
15A. MOTHER'S MAIDEN NAME: Rosella Glazier
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Lemuel M. Follett ADDRESS: Pima Ariz
17. DATE OF DEATH (MONTH) April (DAY) 6 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Four weeks
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Myocardial Infarction — 0
DUE TO (c) Coronary occlusion
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Residuals cerebral hem. — 4 yrs.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/1/53, 19____ TO 4/6/53, 19____ THAT I LAST SAW THE DECEASED ALIVE ON 4/6/53, 19____, AND THAT DEATH OCCURRED AT ____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: John W. Moss (DEGREE OR TITLE) MD
23B. ADDRESS: 803 7th St, Safford, Ariz
23C. DATE SIGNED: 4/7/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: April 8-53
24C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
24D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Pima Ariz
25A. DATE REC'D BY LOCAL REG.: April 7, 1953
25B. REGISTRAR'S SIGNATURE: J. M. Stratton M.D. Deputy O. H. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: N. C. Rawson ADDRESS: Safford
27. EMBALMER'S SIGNATURE: N. C. Rawson CERT. NO. 116

FORM VS 2 REV. 20M