

7724

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

State File No. 338
Registrar's No. 565
(c) Location Good Samaritan Hosp.
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 35 years; In Arizona 35 years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix, rural
(If outside city limits also write RURAL)
(d) Street No. 1530 W. Bell St Rt 6 Box 1135; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME Herbert L. Fletcher (b) If veteran name war _____ (c) Security No. _____

4. Sex M 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced married
6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased September 17, 1894
(Month) (Day) (Year)
8. AGE: Years 52 Months 6 Days 7 hrs. _____ min. If less than one day
9. Birthplace Lester, Washington
(City, town or county) (State or Country)
10. Usual Occupation Rancher
11. Industry or Business _____
Father { 12. Name William S. Fletcher
13. Birthplace Virginia
(City, town or county) (State or Country)
Mother { 14. Maiden Name Ella Lawrence
15. Birthplace Sweden
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Emma S. Fletcher
(b) Address Rt 6 Box 1135, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-PHX (c) Date March 26 1947
18. (a) Embalmer's Signature Tyler Hays #269
(b) Funeral Director A. L. Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.
19. (a) Date received local Registrar APR 25 1947
(b) Registrar's Signature [Signature] Deputy

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) 2 March 24, 1947
TIME (Hour and minute) 12:45 A. M.
21. I hereby certify that I attended the deceased from 3/21 1947 to 3/24 1947;
that I last saw him alive on 3/24 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Hypertension
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) Days of injury _____
23. Signature [Signature] Date signed 3/24/47 M. D.
Address 15 E - Monroe St Phoenix Ariz

DURATION
<u>3 days</u>

PHYSICIAN
Underline the cause to which death should be charged statistically