

9522

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 260
Registrar's No. 2147
Location GOOD SAM. HOSP.
(St. & No. (or) Name of Institution)
In Arizona 29 YEARS

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

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX
(If outside city limits also write RURAL)
(c) Length of Stay: In Hospital or Institution 2 MONTHS; In Community 19 YEARS
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State ARIZONA; (b) County MARICOPA
(c) City or Town PHOENIX
(If outside city limits also write RURAL)
(e) Citizen of foreign country (Yes or No) NO
(f) If Yes, which country _____ (c) Social Security No. _____
(d) Street No. 117 E. PALM LANE (b) If veteran name war _____

3. (a) FULL NAME LESLIE Wm. FLETCHER

4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced MARRIED

6. (b) Name of husband or wife TRINNIE FLETCHER 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased MARCH 1, 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 15 hrs _____ min _____
If less than one day

9. Birthplace GREENWICH, B.C. (State or Country)

10. Usual Occupation BANKER

11. Industry or Business VALLEY NATIONAL BANK

12. Name Wm. S. FLETCHER 13. Birthplace VIRGINIA (City, town or county) (State or Country)

14. Maiden Name ELLA LAWRENCE 15. Birthplace SWEDEN (City, town or county) (State or Country)

16. (a) Informant's own signature TRINNIE FLETCHER
(b) Address 117 E. PALM LANE, PHOENIX, ARIZONA

17. (a) Burial, Cremation or Removal BURIAL
(b) Place GREENWOOD, PHOENIX Date DEC. 19 19 47

18. (a) Embalmer's Signature Wm. Clement 226A
(b) Funeral Director A. L. MOORE & SONS
(c) Address 333 W. ADAMS, PHOENIX, ARIZONA

19. (a) DEC 20 1947 (Date received Local Registrar)
(b) Mrs. Coit J. Hughes (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) DEC. 16, 1947, 19____ M.
TIME (Hour and minute) 7:25 PM

21. I hereby certify that I attended the deceased from Dec 9, 1946 to Dec 16, 1947
that I last saw him alive on Dec 16, 1947

and that death occurred on the date and hour stated above
Immediate cause of death Congestive heart failure & decompensation

Due to Hypertensive heart disease, cardiac hypertrophy & dilatation of left & right ventricles
Due to recurrent pulmonary embolism

Other conditions supraventricular
(Include pregnancy within three months of death)
Major findings: Same as above
Of operations _____
Of autopsy _____

DURATION 6 weeks
PHYSICIAN 7 years
Underline the cause to which death should be charged statistically

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)
(e) Means of injury _____

23. Signature J. D. Jauer M.D. Date signed 12-17-1947
Address Phoenix Arizona