

CERTIFICATE OF DEATH

15 15 OF DEATH 98 98 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Yuma		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yuma	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Bouse, Arizona		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Bouse (rural)	
IDENT SONAL ATA 167 97 950	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Nova - P.O. Box #306		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Jess B. (MIDDLE) B. C. (LAST) French		4. SEX Male 5. COLOR OR RACE W	
EM 18)	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH May DAY 3 YEAR 1883	
	8. AGE YEARS 67 MONTHS 4 DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Salesman and Justice	
ATIONS, TOPSY 2	9B. KIND OF BUSINESS OR INDUSTRY Insurance		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa	
	11. CITIZEN OF WHAT COUNTRY? United States		12. WAS DECEASED EVER IN U. S. ARMED SERVICES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
EATH IE TO ERNAL ILENCE	14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
DICAL IRONER'S FICATION 5	16. INFORMANT'S SIGNATURE Margaret G. French		17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 30 1950	
	18. CAUSE OF DEATH ENTER 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) Coronary Occlusion. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
EATH IE TO ERNAL ILENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DICAL IRONER'S FICATION 5	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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
NERAL ECTOR 77 AND ISTRAR 2	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Never 19____ TO____ 19____, THAT I LAST SAW THE DECEASED ALIVE ON____ 19____, AND THAT DEATH OCCURRED AT his OP. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED 9/30/50	
	23A. SIGNATURE (DEGREE OR TITLE) X Geo. Hagely ex-officio cor.		23B. ADDRESS Quartzsite, Arizona	
NERAL ECTOR 77 AND ISTRAR 2	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE Sept. 30, 1950	
	24C. NAME OF CEMETERY OR CREMATORY yuma, Arizona		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
NERAL ECTOR 77 AND ISTRAR 2	25A. DATE REC'D BY LOCAL REG. 9/30/1950		25B. REGISTRAR'S SIGNATURE Elsie M. Kuehn	
	26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary Box 310 yuma, Arizona		27. EMBALMER'S SIGNATURE R. E. Johnson	