

9074

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Yuma
District Bouvier
Town or City Bouvier

BUREAU OF VITAL STATISTICS

State Index - - - No. 538
County Registrar's - No. _____
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME James F. Vickers

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

6a. If married, widowed, or divorced
HUSBAND of Jennie Vickers
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 75 years 11 Months 2 Days IF LESS than 1 day... hrs. or... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (city or town) Burnett Co. Texas
(State or country)

10. NAME OF FATHER John Vickers

11. BIRTHPLACE OF FATHER Georgia
(State or country) (city or town)

12. MAIDEN NAME OF MOTHER Martha

13. BIRTHPLACE OF MOTHER Tennessee
(State or country) (city or town)

14. Informant J. H. Coler
(Address)

15. Filed 2/20 1926 John Bellus
Local Registrar.

Filed _____ 19____
V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 17 1926

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____

and that death occurred, on the date stated above, at 5-20 p.m.
The CAUSE OF DEATH* was as follows:

Died without medical attention of perfectly natural causes, subsequent to a severe cold. (duration) 5 ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ mos. da.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed M. A. J. Miller M. D.)
2/19 1926 (Address) Parker Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____

20. UNDERTAKER Howe ADDRESS _____

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.