

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 351

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location St. Mary's Hospital
(St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 hours; In Community 25 yrs; In Arizona 25 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Tucson
(If outside city limits also write RURAL)
(d) Street No. 1121 W. Alameda St. (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME William Jeremiah French (If veteran _____) (c) Social Security No. None
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Magdalena</u>		6. (c) Age of husband or wife, if alive <u>60</u> yrs.
7. Birthdate of deceased <u>April 14th 1864</u> (Month) (Day) (Year)		
8. AGE: Years <u>76</u>	Months <u>8</u>	Days <u>21</u>
If less than one day hrs _____ min _____		
9. Birthplace <u>Alabama</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Carpenter & Builder</u>		
11. Industry or Business _____		
Father	12. Name <u>Jesse French</u>	
	13. Birthplace <u>unknown</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Cloud</u>	
	15. Birthplace <u>unknown</u> (City, town or county) (State or Country)	

16. (a) Informant's own signature Magdalena French
(b) Address Tucson Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Evergreen (c) Date 1/8/46 19____
18. (a) Embalmer's Signature John Kelly
(b) Funeral Director Kelly Undertaking Co
(c) Address Tucson, Ariz.
19. (a) 1-8-1941
(Date received local Registrar)
(b) L. W. Howard, M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1-5- 1946;
TIME (Hour and minute) 11:15 P M.
21. I hereby certify that I attended the deceased from 1-4/41
_____ 19____ to 1-5-41 19____;
that I last saw him alive on 1-5-41 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia
Due to _____
Due to Influenza
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy no

DURATION

1 week

PHYSICIAN

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)
While at work? _____ (e) Means of injury _____
23. Signature John Kelly M. D.
Address Tucson Ariz Date Signed 1/6/41