

1900

PLACE OF DEATH

Arizona Territorial Board of Health  
BUREAU OF VITAL STATISTICS

COUNTY OF MARICOPA

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO. **334**

DISTRICT OF PHOENIX

COUNTY REGISTERED NO. **702**

TOWN

OR CITY OF PHOENIX

NO. Territorial Hospital for Insane ST. LOCAL REGISTRAR'S NO. 1449  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Arnon Adair

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR or RACE  White  Black  Mexican  Indian  Chinese  SINGLE  MARRIED  WIDOWED  or DIVORCED

DATE OF DEATH Oct 22 1911  
(Month) (Day) (Year)

DATE OF BIRTH Unknown 19      
(Month) (Day) (Year)

I hereby certify, that I attended deceased from July 15 1911 to Oct 22 1911; that I last saw him alive on Oct 21 1911 and that death occurred on the date stated above at 2:45 A.M. The DISEASE or INJURY causing Death was as follows:

AGE Unknown If less than 1 day       
yrs. mos. days hrs., or min.

Nephritis - chronic  
(Duration) 120 yrs. mos. days

OCCUPATION (a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)

Was disease contracted in Arizona?       
If not, where?     

BIRTHPLACE (State or country) U.S.

CONTRIBUTORY Hermital - Drury  
(Duration)      yrs. mos. days

NAME OF FATHER Unknown

(Signed) G.W. Stephens, M. D.  
Oct 21, 1911 (Address) Phoenix, Ariz

BIRTHPLACE OF FATHER (State or country)     

\*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

MAIDEN NAME OF MOTHER     

LENGTH OF RESIDENCE  
At place of death      yrs. mos. ds. In Arizona      yrs. mos. ds.

BIRTHPLACE OF MOTHER (State or country)     

Former or Usual Residence Asylum since 1882

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) G.W. Stephens  
(Address)     

Filed Oct. 29 1911 G.W. Stephens Local Registrar.  
Filed 11-7 1911 H.A. Hughes County Registrar.

PLACE OF BURIAL OR REMOVAL Asylum Cemetery DATE OF BURIAL OR REMOVAL      19    

UNDERTAKER      ADDRESS     

If any item cgp. not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificate will be returned for correction.