2631

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classi
If any item not be obtained insert the word "unkn." Make every effort possible to s this information.
Incorrect certificates will be returned for correction.

# Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 55

TERRITORIAL INDEX NO. 57

COUNTY REGISTERED NO. 42

**PLACE OF DEATH**

COUNTY Cochise

DISTRICT Johnson

TOWN OR CITY _____ NO. _____ ST.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

LOCAL REGISTRAR'S NO. _____

**FULL NAME** Ethel Adams

**PERSONAL AND STATISTICAL PARTICULARS.**

SEX: Female

COLOR or RACE: ✓ White; Black; Mexican; Indian; Chinese

✓ SINGLE; MARRIED; WIDOWED; or DIVORCED

DATE OF BIRTH: November (Month) (Day) 1906 (Year)

AGE: 5 yrs. 2 mos. days. If less than 1 day, hrs., or min.

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

BIRTHPLACE (State or country): Texas

PARENTS
NAME OF FATHER: Will Adams
BIRTHPLACE OF FATHER (State or country): Texas
MAIDEN NAME OF MOTHER: Orfie Barton
BIRTHPLACE OF MOTHER (State or country): Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Tidd McKinney

(Address) Cochise

PLACE OF BURIAL OR REMOVAL: Russellville

DATE OF BURIAL OR REMOVAL: Jan 29 1912

UNDERTAKER: —

ADDRESS: —

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: January (Month) 27 (Day) 1912 (Year)

I hereby certify, that I attended deceased from Jan 26 1912 to Jan. 27 1912; that I last saw he alive on Jan. 27 1912 and that death occurred on the date stated above at 9 P M. The DISEASE or INJURY causing Death was as follows:

Dropsy due to valvular disease of heart

(Duration) yrs. 5 mos. 15 days.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Valvular disease of heart from birth (Duration) yrs. mos. days.

(Signed) M. Tidd McKinney, M. D

Jan. 29, 1912 (Address) Cochise

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

LENGTH OF RESIDENCE

At place of death 3 yrs. 8 mos. ds. In Arizona 3 yrs. 8 mos. ds.

Usual Residence Same

Filed Feb 5 1912 M. Tidd McKinney Local Registrar

Filed 2/25/12 1912 A. R. Hickman County Registrar