2502

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. [redacted]

County Registered No. 55

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH:

County Gila

District

Town Or City Miami

No. Coffee Canon Miami Ariz

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

FULL NAME Cecil David Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

~~Color or Race~~ White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

SINGLE ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH March 15 1916 (Month) (Day) (Year)

AGE ____ yrs ____ mos ____ days | If less than 1 day hrs. 3 or 30 min.

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

BIRTHPLACE (State or country) Arizona

PARENTS
NAME OF FATHER David J Adams.
BIRTHPLACE OF FATHER (State or Country) Navajo Arizona
MAIDEN NAME OF MOTHER May Thompson
BIRTHPLACE OF MOTHER (State or Country) Carleton Canada

The Above Is True to the Best of My Knowledge
(Informant) D. J. Adams
(Address) Miami Arizona

PLACE OF BURIAL OR REMOVAL Globe.

DATE OF BURIAL OR REMOVAL Mar 16 1916

UNDERTAKER Noell

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from March 15 1916 to March 15 1916; that I last saw him alive on March 15 1916, and that death occurred on the date stated above at 10 30 P.M. The DISEASE or INJURY causing Death was as follows: Stillborn

(Duration) ____ yrs ____ mos ____ days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) ____ yrs ____ mos ____ days

(Signed) C. M. Cron MD

March 15 1916 (Address) Miami Ariz

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death ____ yrs ____ mos ____ ds. In Arizona ____ yrs ____ mos ____ ds.

Former or Usual Residence

Filed Mar 16 1916 B. G. Fox Local Registrar

Filed Apr 5 1916 B. G. Fox M.D. County Registrar

WRITE LAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.