8091

701

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 333

County Registered No. 53

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Yavapai

District Prescott

Town Or City Prescott

No. 103 So. Mt. Vernon Ave. St.

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

FULL NAME Amos Darwin Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

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

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

DATE OF BIRTH Sept. 9, 1848 (Month) (Day) 191 (Year)

AGE 67 yrs. 7 mos. 3 days | If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) Iowa

PARENTS

NAME OF FATHER Erasmus

BIRTHPLACE OF FATHER (State or Country) Maine

MAIDEN NAME OF MOTHER Catherine Sturgis

BIRTHPLACE OF MOTHER (State or Country) Michigan

The Above Is True to the Best of My Knowledge

(Informant) Alice Adams

(Address) Prescott, Arizona.

PLACE OF BURIAL ~~OR REMOVAL~~ Mt. View Cemetery

DATE OF BURIAL ~~OR REMOVAL~~ April 14, 1916

UNDERTAKER Lester Ruffner

ADDRESS Prescott, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12, 1916. (Month) (Day) 191 (Year)

I hereby certify, that I attended deceased from April 3 1916 to April 12 1916; that I last saw him alive on April 12 1916, and that death occurred on the date stated above at 1 P.M. The DISEASE or INJURY causing Death was as follows: Apoplexy

(Duration) yrs. mos. 9 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Arteriosclerosis

(Duration) 1 yrs. mos. days

(Signed) R. N. Looney

April 14 1916. (Address) Prescott, 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 36 yrs. mos. ds. In Arizona 41 yrs. mos. ds.

Former or Usual Residence Harry T. Southworth

Filed 191 Local Registrar

Filed 5/9 1916 John H. Hume. County Registrar

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.