ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 7

02 62
PLACE OF DEATH 11 00
AND 0303
USUAL RESIDENCE 6

1. PLACE OF DEATH
A. COUNTY: Cochise
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Douglas
C. LENGTH OF STAY IN THIS PLACE / IN ARIZONA: 1 day / 1 day
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas, Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: New Mexico B. COUNTY: Hidalgo
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Rodeo
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

DECEDENT PERSONAL DATA 1 1 149 4 152

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Walter B. (MIDDLE) Leonard C. (LAST) Adams
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Sept. DAY 17 YEAR 1902
8. AGE: YEARS 49 MONTHS 3 DAYS 26
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Self
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U. S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: ?
14A. FATHER'S NAME: William Adams
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Emily Sowell
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs W. L. Adams ADDRESS: Rodeo, New Mexico
17. DATE OF DEATH: (MONTH) January (DAY) 12, (YEAR) 1952

CAUSE OF DEATH (ITEM 18) 8334 0 0

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
+THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Fracture of Base of Skull. Crushed left chest — Fracture of Dorsal Vertebrae with Severance of Cord. — INTERVAL BETWEEN ONSET AND DEATH: 1/11/52

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) — 1/11/52
DUE TO (c) Auto Accident — 1/11/52

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 2

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

DEATH DUE TO EXTERNAL VIOLENCE 98 02 2 3

21A. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (SPECIFY): Auto
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 3 miles East of Apache Ariz
21C. (CITY OR TOWN) (COUNTY) (STATE): Apache Cochise Ariz
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Jan 11. 52 11 AM
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Auto Accident.

MEDICAL & CORONER'S CERTIFICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/11 19 52 TO 1/12 19 52 THAT I LAST SAW THE DECEASED ALIVE ON 1/12 19 52 AND THAT DEATH OCCURRED AT 3:50P FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: H. Allen M. D. (DEGREE OR TITLE)
23B. ADDRESS: Douglas Ariz
23C. DATE SIGNED: 1/14/52

FUNERAL DIRECTOR AND REGISTRAR 10 2

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☑
24B. DATE: 1-15-52
24C. NAME OF CEMETERY OR CREMATORY: Rodeo
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Rodeo, New Mexico
25A. DATE REC'D BY LOCAL REG.: Jan. 15-52
25B. REGISTRAR'S SIGNATURE: Eee Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Curtis Sage ADDRESS: Douglas, Ariz.
27. EMBALMER'S SIGNATURE: Curtis Sage
CERT. NO. 321

100 105

FORM VS 2 REV. 3-50 15M