

528

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.

PLACE OF DEATH

County.....
District.....
Town.....
Or City.....

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - No. 152
County Registered No. 2576
Local Registrar's No. 8384

ORIGINAL CERTIFICATE OF DEATH

No. 1235 E. Hillman St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
FULL NAME Arton J. Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX M Color or Race White Indian Black Chinese Mexican
SINGLE WIDOWED MARRIED or DIVORCED

DATE OF BIRTH..... 19.....
(Month) (Day) (Year)
AGE 40 yrs..... mos..... days If less than 1 day hrs., or..... min.

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

BIRTHPLACE (State or country) Ariz.

NAME OF FATHER Henry Adams

BIRTHPLACE OF FATHER (State or country) Peru

MAIDEN NAME OF MOTHER Lucinda Kibb

BIRTHPLACE OF MOTHER (State or country) Iris

The Above is True to the Best of My Knowledge
(Informant) Arton Adams
(Address)

PLACE OF BURIAL OR REMOVAL Glendale Ariz DATE OF BURIAL OR REMOVAL Dec 14 1919

UNDERTAKER Arton Adams ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1919
(Month) (Day) (Year)

I hereby certify that I attended deceased from Dec 3 1919 to Dec 12 1919; that I last saw him alive on Dec 12 1919, and that death occurred on the date stated above at 9:00 M. The DISEASE or INJURY causing death was as follows:

Pulmonary Tuberculosis with Apical Bronchiectasis.
(Duration)..... yrs..... mos..... days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY (Duration)..... yrs..... mos..... days

(Signed) H. P. Norman
Dec 13 1919 (Address) Phoenix 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 Ariz. 40 yrs..... mos..... ds.

Former or Usual Residence

Filed 12-15-19 H. P. Norman
Local Registrar.

Filed 1-2-1920 H. P. Norman
County Registrar.