2061

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 64
County Registrar's No. 203
Local Registrar's - No.

PLACE OF DEATH

1. County Ala
District
Town or City Roosevelt No. ..., ... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Adelbert Holladay
(a) Residence. No. Smith St., ... Ward. Miami
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: wife and 4 children

6. DATE OF BIRTH (month, day and year) 4/26-1889

7. AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
33	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer): Driver
(c) Name of employer: Fred Farrar

9. BIRTHPLACE (city or town) Eden
(State or country) Arizona

PARENTS

10. NAME OF FATHER John D Holladay
11. BIRTHPLACE OF FATHER (city or town) —
(State or country)
12. MAIDEN NAME OF MOTHER Rebecca Dale
13. BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14. Informant Wallace Simmons
(Address) Box 1146 - Miami Arizona

15. Filed 7/4, 1922 B M Hardy Co Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 7/4 - 1922

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
(Drowned accidental)
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) W C McKenzie Coroner M. D.
19 (Address) Miami

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Pima Arizona
DATE OF BURIAL: July 6 1922

20. UNDERTAKER: J H Miles & Son
ADDRESS: Miami