4838

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 107
County Registrar's - - No.
Local Registrar's - - - No. 28

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

USE OF DEATH in plain terms. See instructions on back of certificate.

Statement of occupation.—Precisely applied, AGE should be stated EXACTLY. PHYSICIANS is very important. Exact statement of OCCUPATION is very important, so that it may can be known. Write plainly. Do not abbreviate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

PLACE OF DEATH

1. County Graham
District
Town or City Safford.

2. FULL NAME Adam Walker No. (If death occurred in a hospital or institution, give its NAME instead of street number).

(a) Residence. No. Safford Arizona St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes. Walker

6. DATE OF BIRTH (month, day and year) Feb. 19-1841.

7. AGE: Years 85 Months 1 Days 13 IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) (State or country) Adams Co. Ill.

PARENTS

10. NAME OF FATHER James Walker
11. BIRTHPLACE OF FATHER Unknown (State or country) (city or town)
12. MAIDEN NAME OF MOTHER Elizabeth Stokes
13. BIRTHPLACE OF MOTHER Unknown (State or country) (city or town)

14. Informant J. N. Walker (Address) Safford Ariz

15. Filed May 8 1926 J. N. Stratton M.B. Local Registrar.
Filed V. S. No. 1 ,19 County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) April 2 1926

17. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1926 to Apr. 2, 1926, that I last saw h. alive on dead when called, 19, and that death occurred, on the date stated above, at 7-30 P. m. The CAUSE OF DEATH* was as follows:

Unknown
Possibly some cardiac disease
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown Influenza?
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) Dr. Scott Schenck M. D.
Apr. 2 1926 (Address) Safford

* State the Disease Causing Death, or in death 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 Safford Ariz — DATE OF BURIAL April 5 1926

20. UNDERTAKER H. E. Ransom — ADDRESS Safford