2836

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 548

Local Registrar's No. 289-D

1. PLACE OF DEATH

County Yavapai State Ariz

District or Township or Village Humbolt

City No. St., Ward

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

2. FULL NAME Joseph Finney Adams

(a) Residence, No. Humbolt St., Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 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 Margaret Adams

6. DATE OF BIRTH (month, day and year) not Known

7. AGE Years 60 Months Days IF LESS than day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, particular kind of work Salesman

(b) General nature of industry, business or establishment in which employed (or employer) not present-none

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Colorado

PARENTS

10. NAME OF FATHER Jo Adams

11. BIRTHPLACE OF FATHER (city or town) (State or country) Chio

12. MAIDEN NAME OF MOTHER not Known

13. BIRTHPLACE OF MOTHER (city or town) (State or country) not Known

14. Informant Mrs Adams

(Address) Humboldt, Arizona

15. Filed 12/31/29 Harry T. Southworth Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 28 29 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 12-27-29, 19__ to 12-28-29, 19__, that I last saw him alive on 12-27-29, 19__, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A Matschke, M. D.

12-29-29 19 (Address) Humbolt

* 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 Mt. View Cemetery

DATE OF BURIAL 12/31/29

ADDRESS

20. UNDERTAKER Ruffner Chesnut Co.

3 25074

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.