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

State File No. 353
Registered No. 28

1. PLACE OF DEATH
County PIMA State ARIZONA
District or Township _____ or Village _____
City TUCSON No. VETERANS ADMINISTRATION HOSPITAL Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John W. ADAMS XPen- 1254617
(a) Residence, No. Oracle, Arizona St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>	16. DATE OF DEATH <u>March 25, 1932</u> Month Day Year		17. I HEREBY CERTIFY, That I attended deceased from <u>March 23, 1932, 19</u> to <u>March 25, 1932, 19</u> , that I last saw him alive on <u>March 24, 1932, 19</u> , and that death occurred, on the date stated above, at <u>4:00 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Tuberculosis, pulmonary, chronic, active, far advanced "C".</u>		
5a. If married, widowed, or divorced HUSBAND of <u>Mrs. Margaret Adams</u> (or) WIFE of			18. Where was disease contracted if not at place of death? <u>Unknown</u>				
6. DATE OF BIRTH (month, day and year) <u>Apr. 27, 1879</u>			Did an operation precede death? <u>No</u> Date of _____				
7. AGE	Years <u>52</u>	Months <u>10</u>	Days <u>27</u>	IF LESS than 1 day _____ hrs. or _____ min.	Was there an autopsy? <u>No</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Railroad fireman</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>As above</u> (c) Name of employer <u>Not employed</u>			What test confirmed diagnosis? <u>Phy. exam.</u> (Signed) <u>S. H. JAMES, M.D., Med. Off. in Charge, Veterans Adm. Hosp., Tucson, Arizona</u> M. D.				
9. BIRTHPLACE (city or town) <u>Red Field</u> (State or country) <u>Iowa</u>			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Evergreen Cemetery</u> DATE OF BURIAL <u>3--28--32</u>				
10. NAME OF FATHER <u>Isaac H. Adams,</u>			20. UNDERTAKER <u>Parker-Grimshaw Und. Co. Tucson, Ariz</u>				
11. BIRTHPLACE OF FATHER <u>Terre Haute,</u> (State or country) <u>Indiana</u>			ADDRESS _____				
12. MAIDEN NAME OF MOTHER <u>Lorienda Bousman</u>							
13. BIRTHPLACE OF MOTHER <u>Tippecanoe Battlefield</u> (State or country) <u>Indiana</u>							
14. Informant <u>G. D. GUILBERT, M.D., Ward Surgeon</u> (Address) <u>Veterans Adm. Hosp. Tucson, Ariz</u>							
15. Filed <u>Mar. 29, 1932</u> <u>Lewis W. Howard, M.D.</u> Registrar.							

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