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Dr. Adams
MARGIN RESERVED FOR BINDING
N. B.—WRITE PENCIL ONLY, 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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** **BUREAU OF VITAL STATISTICS**

1. PLACE OF DEATH
 County Gila State ARIZONA State File No. 81
 Township _____ or Village _____ Registered No. 73
 City Globe No. 249 East Oak Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Fred Wm. Adams How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. 249 East Oak St. _____ Ward _____ (If non-resident, give city, town and State)

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>		21. DATE OF DEATH (month, day, and year) <u>July 15, 1934</u>	I HEREBY CERTIFY, That I attended deceased from <u>July 13, 1934</u> to <u>July 15, 1934</u> I last saw <u>him</u> alive on <u>July 13, 1934</u> ; death is said to have occurred on the date stated above, <u>8:30 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>General Paresis</u>
5a. If married, widowed, or divorced HUSBAND of <u>Jacqueline Adams -Wife</u> (or) WIFE of				Date of Onset <u>(?)</u>	
6. DATE OF BIRTH (month, day, and year) <u>5/30/1858</u>		7. AGE Years <u>76</u> Months _____ Days _____	11. Total time (years) spent in this occupation _____		Other contributory causes of importance: _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Accountant</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
10. Date deceased last worked at this occupation (month and year) _____		12. BIRTHPLACE (city or town, state or country) <u>Heseltun, New York</u>		Name of operation <u>none</u> Date of _____	
MOTHER FATHER	13. NAME <u>James Adams</u>		14. BIRTHPLACE (city or town, state or country) _____ ?		What test confirmed diagnosis <u>Physical exam</u> Was there an autopsy? <u>no</u>
	15. MAIDEN NAME <u>Loma Brown</u>		16. BIRTHPLACE (city or town, state or country) _____ ?		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19____
	17. INFORMANT <u>Mrs. Jacqueline Adams</u> (Address) <u>Globe, Arizona.</u>		18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe Cemetery</u> Date <u>7/18/34</u> , 19____		Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.
	19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe, Arizona.</u>		20. Filed <u>July 16, 1934</u> <u>Proctor B. Jones</u> Registrar		Manner of injury <u>none</u> Nature of injury _____
21. Cause of death _____		22. _____		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
23. _____		24. _____		If so, specify _____ (Signed) <u>G. W. Adams</u> , M. D. (Address) <u>Globe, Arizona.</u>	

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information