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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.

MARGIN RESERVED FOR BINDING

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

1. PLACE OF DEATH
County Maricopa State ARIZONA State File No. 230
Township Cashion or Village _____ Registered No. 92
City _____ No. _____ St. _____ 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
How long in State when death occurred? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Olive Adams
(a) Residence: No. Cashion, Gen. Del. St. _____ Ward _____
(Usual place of abode) (non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Jan. 9, 1937</u>	I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____; death in said _____ to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Automobile Accident hit by car while washing on side of highway.</u> Date of Onset _____ Other contributory causes of importance: _____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>July 27, 1918</u>		22. _____	
7. AGE <u>18</u> Years <u>5</u> Months <u>13</u> Days If LESS than 1 day, _____ hrs. or _____ min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Okla.</u>		13. NAME <u>G. F. Adams</u>		Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) (State or Country) <u>Ind.</u>		15. MAIDEN NAME <u>Rillia Mae Peterman</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
16. BIRTHPLACE (city or town) (State or Country) <u>Ind.</u>		17. INFORMANT <u>Father</u> (Address) <u>Cashion, Gen. Del.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Forest Lawn</u> Date <u>1/13/37</u>		19. EMBALMER License No. <u>156-A</u> Signature <u>Denny S. Forman</u> FUNERAL DIRECTOR <u>Henry T. Forman</u> Address <u>Arizona Funeral Home</u>		Manner of injury _____ Nature of injury _____	
20. Filed <u>1-19</u> , 19 <u>37</u> <u>Meri F. Osborn</u> Registrar		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. J. ...</u> (Address) <u>...</u>		_____	