

8177

MARGIN RESERVED FOR BINDING
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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 527
REGISTERED NO. 237

1. PLACE OF DEATH
COUNTY Yuma STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Yuma NO. Yuma General Hospital ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. _____ MOS. _____ DS. _____
2. FULL NAME Linzy Spaulding Adair Jr. HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. 1 DS. _____
(A) RESIDENCE: NO. Yuma, Arizona ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1937</u>				
7. AGE		YEARS	MONTHS	DAYS
				IF LESS THAN 1 DAY: _____ HRS. OR _____ MIN.
OCCUPATION	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) <u>Yuma</u> (STATE OR COUNTY) <u>Arizona</u>				
FATHER	13. NAME <u>Spaulding Adair</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Texas</u> (STATE OR COUNTY)			
MOTHER	15. MAIDEN NAME <u>Willie Thomas</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Texas</u> (STATE OR COUNTY)			
17. INFORMANT <u>Spaulding Adair</u> (ADDRESS) <u>Box 1502 Yuma, Arizona</u>				
18. BURIAL, CORRECTION ON REMOVAL PLACE <u>Yuma Cemetery</u> DATE <u>12/27/37</u> 19 _____				
19. EMBALMER LICENSE NO. <u>634 Johnson</u> SIGNATURE <u>The Johnson mortuary</u> FUNERAL DIRECTOR ADDRESS _____				
20. FILED <u>Dec 27 1937</u> BY <u>Mary E. Huth</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/37, 19 _____
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19 _____, TO _____, 19 _____
I LAST SAW H. _____ ALIVE ON _____, 19 _____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:10 P M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
At the basis of the death
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____
NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 _____
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____
MANNER OF INJURY _____ NATURE OF INJURY _____
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No
IF SO, SPECIFY _____
(SIGNED) Dr. Atlas _____
(ADDRESS) Yuma, Arizona _____

FORM-1-25-36—FORM 2—100% RAG
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION