

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.

STANDARD CERTIFICATE OF DEATH

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. 87  
Township \_\_\_\_\_ Registered No. 9  
City Globe or Village \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
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.

2. FULL NAME Evelyn Adams  
(a) Residence: No. Marilla Utah St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>George A. Adams</u>		
6. DATE OF BIRTH (month, day, and year) <u>12-17-1866</u>		
7. AGE	Years <u>71</u>	Months <u>1</u>
	Days <u>10</u>	If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or Country) <u>Parowan Utah</u>		
13. NAME <u>Lars Mortensen</u>		
14. BIRTHPLACE (city or town) (State or Country) <u>Denmark</u>		
15. MAIDEN NAME <u>Cordia Becker</u>		
16. BIRTHPLACE (city or town) (State or Country) <u>Illinois</u>		
17. INFORMANT <u>Mrs. Zola Peterson</u> (Address) <u>Empire Colorado</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Removal</u> Place <u>Mesa Ariz.</u> Date <u>Jan. 28, 1938</u>		
19. EMBALMER License No. <u>2200 A</u> Signature <u>W. H. McCallan</u> FUNERAL DIRECTOR <u>Milo Mortuary</u> Address <u>Globe Arizona</u>		
20. Filed <u>Jan 28 1938</u> <u>Frederic W. ...</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 1/27, 1938  
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 12:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Killed in auto accident  
Jan 27,  
fractured skull  
crushed chest.  
Date of Onset \_\_\_\_\_  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. D. Kennedy M. D.  
(Address) Globe Ariz.

10M-12-36-MS-Form 3-100% RAG Back of Certificate to be used for any Additional Information