

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.

Dr. Hartman
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County: Maricopa State: ARIZONA
 Township: _____ or Village _____
 City: Mesa 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: 53 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred? 53 yrs. _____ mos. _____ ds.

2. FULL NAME Adam Clark Holt
 (a) Residence: No. 265 R. 2nd. Ave. St. _____ Ward _____
 (Usual place of abode) (If non-resident give 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>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Anna C. Holt</u> (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>July 10, 1847</u>			
7. AGE			
Years <u>91</u>	Months <u>3</u>	Days <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>			
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>Jackson Co. Tenn.</u>			
13. NAME <u>Jordon Cain Holt</u>			
14. BIRTHPLACE (city or town) (State or Country) <u>Madison Co. Tenn.</u>			
15. MAIDEN NAME <u>Julia R. Foster</u>			
16. BIRTHPLACE (city or town) (State or Country) <u>Virginia</u>			
17. INFORMANT <u>L. J. Holt</u> (Address) <u>Rt. 2, Box 315 Phoenix, Ariz.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa, Arizona</u> Date <u>10-16-38</u> , 19____			
19. EMBALMER License No. <u>228</u> Signature <u>R. N. Daybell</u> FUNERAL DIRECTOR <u>Meldrum Mortuary</u> Address <u>Mesa, Arizona</u>			
20. Filed <u>10/14</u> , 19 <u>38</u> <u>Dr. G. Scherr</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1938, to Oct. 11, 1938.
 I last saw h.i.m. alive on Oct. 11, 1938; death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:
Chemia
Chronic Hypertension
 Date of Onset 9/29/38

Other contributory causes of importance:
Senile
Chronic Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Urine Was there an autopsy? No

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) Dr. G. Scherr, M. D.
 (Address) _____