2308

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 531 53
Registrar's No. 50

1. Place of Death: (a) County Yuma Rural (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location on field on Yuma Me (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none (Specify weeks, months or days) In Community 1 Day; In Arizona 1 Day
2. Usual Residence of Deceased: (a) State Washington (b) County Clark (c) City or Town Vancouver (If outside city limits also write RURAL)
(d) Street No. 309 West 11th Vancouver Wash. (e) If foreign born, in U. S. A. ..... yrs.
3. (a) FULL NAME Brown E. Adams (b) If veteran name war ..... (c) Social Security No. none (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
male	white	single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive ..... yrs.
7. Birthdate of deceased April 4 1909 (Month) (Day) (Year)
8. AGE: Years 32 Months 10 Days 15 If less than one day hrs. ..... min. .....
9. Birthplace Warrenburg Mo. (City, town or county) (State or Country)
10. Usual Occupation mechanic
11. Industry or Business auto Ind.
Father 12. Name James O. Adams
13. Birthplace missouri (City, town or county) (State or Country)
Mother 14. Maiden Name Maud Brown
15. Birthplace missouri (City, town or county) (State or Country)
16. (a) Informant's own signature O. Johnson
(b) Address Box 229 Yuma, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date 2/21 1942
18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma, Arizona
19. (a) February 21, 1942. (Date received local Registrar)
(b) Mary A. Huffermann (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 19, 1942;
TIME (Hour and minute) 5:30 P M.
21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death Gun shot wound behind right ear and Severe Burns
Due to Self inflected
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings: Of operations .....
Of autopsy .....

DURATION
2-19-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Suicide
(b) Date of occurrence 2-19-1942
(c) Where did injury occur? Yuma Rural (City or Town) YUMA (County) ARIZ. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in field (Specify type of place)
While at work? No (e) Means of injury Gun Shot + Burns
23. Signature R. H. Lutz, Coroner
Address Yuma, Ariz. Date signed 2-20-1942