2071

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

-482

State File No.
Registrar's No. 85

1. Place of Death: (a) County Pinal (b) City or Town Rual (If outside city limits also write RURAL) (c) Location 35 miles east of Florence (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 2 Months-24 Days ; in Arizona 2 Months-24 Days (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Minnesota ; (b) County ; (c) City or Town Red Wing (If outside city limits also write RURAL)

(d) Street No. 1127 Central Ave. ; (e) Citizen of foreign country (yes or No) Yes If Yes, which country (If NONE write the word)

3. (a) FULL NAME Adams, Robert S. Jr. (b) If Veteran name war Social Security No.

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife Jean Adams — 6. (c) Age of husband or wife, if alive 24 yrs.

7. Birthdate of deceased April 25 1920 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
22	7	9	hrs. min.

9. Birthplace Winter (City, town or county) Iowa (State or Country)

10. Usual Occupation Soldier

11. Industry or Business

Father 12. Name Robert S. Adams Sr.
13. Birthplace Winters (City, town or county) Iowa (State or Country)

Mother 14. Maiden Name Kathryn, N. Dopita
15. Birthplace Omaha (Douglas) (City, town or county) Nebraska (State or Country)

16. (a) Informant's own signature Q.M.C. Form 353
(b) Address John V. Berger Capt. M.C.

17. (a) Burial, Cremation or Removal Removal
(b) Place Red Wing Minn (c) Date 12/7 1942

18. (a) Embalmer's Signature George T. Ulyer
(b) Funeral Director Verna E. Yocum Arizona Mortuary Inc.
(c) Address Tucson Arizona

19. (a) 12/7/42. DEC 28 1942 (Date received local Registrar)
(b) D. C. Martin (Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 4, 1942, 19 ;
TIME (Hour and minute) 3:30 P.M. 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 Multipal Compound Fractures, Third degree Burns Evisceration

Due to Aircraft Accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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) Accident
(b) Date of occurrence December 4, 1942
(c) Where did injury occur? 35 Miles East of Florence, Ariz. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Army Aircraft (Specify type of place)
While at work? Yes (e) Means of injury above

23. Signature John V. Berger Capt., M.C. M. D.
Address Davis Monthan Field, Ariz. Date signed 12-7-42