

812

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 104
Registrar's No. 36

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community 2 days; In Arizona 2 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Harry Bergman Adams Jr. (b) If veteran name war No Social Security No. No
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased March 22nd, 1943
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days 2 If less than one day
hrs. _____ min. _____

9. Birthplace Globe, Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

12. Name Harry Bergman Adams
13. Birthplace Livingston, Texas.
(City, town or county) (State or Country)

14. Maiden Name Louise Post
15. Birthplace Marshall, Texas.
(City, town or county) (State or Country)

16. (a) Informant's own signature H. B. Adams
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 3/24/43
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) April 3-43
(Date received local Registrar)
(b) Dorene Wauselle
(Registrar's Signature)

6M 100% Reg 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 24th 1943
TIME (Hour and minute) 4:00 AM M.

21. I hereby certify that I attended the deceased from March 22, 1943 to March 24, 1943;
that I last saw him alive on March 24, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Greatly enlarged Thyroids Gland (Status Lymphaticus)

Due to _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature J. C. Harper M. D.
Address Globe, Ariz. Date signed 3-30-43