

2613

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 541  
Registrar's No. 546

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 726 East 6th.  
(d) Length of Stay: In Hospital or Institution None (If outside city limits also write RURAL) In Community 3 Mos. (St. & No. (or) Name of Institution) Since 1874  
2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town Dragoon  
(d) Street No. Texas Canyon nr Dragoon, Arizona (If outside city limits also write RURAL)  
(e) Citizen of foreign country (yes or No) no  
If Yes, which country none  
3. (a) FULL NAME David Anderson Adams (b) If Veteran name war - - - - - (c) Social Security No. none

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed Married  
6. (b) Name of husband Clara L. Adams 6. (c) Age of husband 68 yrs.  
7. Birthdate of deceased Sep. 19, 1859  
(Month) (Day) (Year)  
8. AGE: Years 83 Months 8 Days 12 If less than one day hrs. min.

9. Birthplace Mobile, Alabama  
(City, town or county) (State or Country)  
10. Usual Occupation Rancher  
11. Industry or Business Cattle Business  
Father { 12. Name Frank Adams  
13. Birthplace Not known  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Laura Gleeson  
15. Birthplace La.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Clara L. Adams  
(b) Address Dragoon, Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Willcox, Ariz. (c) Date 6-3-43

18. (a) Embalmer's Signature Howard A. Bring  
(b) Funeral Director Alvin Bring  
(c) Address Bring's Funeral Home

19. (a) 6-2-43  
(b) L. St. Howard, MD  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) May 31, 1943 19. 43  
TIME (Hour and minute) 10.30 AM M.  
21. I hereby certify that I attended the deceased from 1/15, 1943 to 5/31, 1943;  
that I last saw him IM alive on 5/31, 1943;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lymphatic Leukemia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION 1 yr.  
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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature L. Claude Davis M. D.  
Address Tucson, Ariz Date signed 6/1/43

Dr. Claude W. Davis-- 123 So. Stone Ave.

HONE 5020  
BRING'S FUNERAL HOME