2660

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 2388
Registrar's No. 509

1. Place of Death: (a) County Pima (b) City or Town Tucson Rural (c) Location St. Marys Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 Day; In Community 1916; In Arizona 1917
(Specify whether years, months or days)

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

(d) Street No. Cortaro, Arizona (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Mrs Anna G. Adams (b) If Veteran name war ---- (c) Social Security No. ----

4. Sex: Female
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased March 18-1890
(Month) (Day) (Year)

8. AGE: Years 58 | Months 1 | Days 5 | If less than one day hrs. ..... min. .....

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

10. Usual Occupation Rancher Guest.

11. Industry or Business

Father
12. Name Samuel Grape.
13. Birthplace Indiana.
(City, town or county) (State or Country)

Mother
14. Maiden Name Harriet ?
15. Birthplace Indiana.
(City, town or county) (State or Country)

16. (a) Informant's own signature Jo Anne Adams
(b) Address Tucson Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place South Lawn (c) Date 4-25- 1948

18. (a) Embalmer's Signature D. W. Lytle
(b) Funeral Director Verna E. Yocum. Arizona Mortuary Inc.
(c) Address Tucson, Arizona.

19. (a) 4-25-48
(Date received Local Registrar)
(b) Teresa H. Dakey Deputy
(Registrar's Signature)

40M—100% Rag—6-10-44

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 23- 1948;
TIME (Hour and minute) 1:10 P. M.

21. I hereby certify that I attended the deceased from April 18, 1948 to April 23, 1948; that I last saw her alive on April 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to Carcinoma of Lungs Bilateral

Due to

Other conditions
(Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy Carcinoma of both Lungs - Breast

DURATION
2 years
?

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 V. G. Pleason M. D.
Address Tucson, Ariz. Date signed 4-24-48