

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4545 ✓

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1729

11  
10  
AND  
310  
L RESIDENCE  
6

PRECEDENT 4  
PERSONAL DATA 153  
0  
85-1

CAUSE OF DEATH 3531  
1  
TEAM 18)  
2

OPERATIONS 2  
AUTOPSY

DEATH DUE TO INTERNAL VIOLENCE

MEDICAL CORONER'S CERTIFICATION

MUNICIPAL DIRECTOR AND REGISTRAR

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Holbrook	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 6 yrs 51 yrs		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Arizona State Hospital			

3. NAME OF DECEASED A. (FIRST) Clements B. (MIDDLE) D. C. (LAST) Adair			4. SEX male	5. COLOR OR RACE white	
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR 12 8 1897	8. AGE YEARS MONTHS DAYS 53 7 24	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). farmer	9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). farmer
9B. KIND OF BUSINESS OR INDUSTRY farmer	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -	13. SOCIAL SECURITY NO. -	
14A. FATHER'S NAME John W. Adair		14B. BIRTHPLACE (STATE OR COUNTRY) Utah	15A. MOTHER'S MAIDEN NAME Cynthia Penrod		15B. BIRTHPLACE (STATE OR COUNTRY) Utah
16. INFORMANT'S SIGNATURE Kenneth Adair			17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 2 1951		

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Cachexia due to undiagnosed Diarrhea</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Epileptic Clouded State</i>		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Acute Pulmonary Tuberculosis</i> DUE TO (c) <i>Psychosis with Convulsive Disorder Grand Mal Type</i>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-31, 1948 TO 8-2, 1951. THAT I LAST SAW THE DECEASED ALIVE ON 8-2, 1951, AND THAT DEATH OCCURRED AT 1:10 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <i>Olson C. Anderson, M.D.</i>	23B. ADDRESS 2500 E. Van Buren		23C. DATE SIGNED 8-2-51

24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE 8-4-1951	24C. NAME OF CEMETERY OR CREMATORY Pinetop, Arizona	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
25A. DATE REC'D BY LOCAL REG. 8/4/51	25B. REGISTRAR'S SIGNATURE <i>Reuben Johnston</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>L.M. Mortensen</i> ADDRESS Phoenix, Arizona 27. EMBALMER'S SIGNATURE <i>L.M. Mortensen</i> 261 A CERT. NO.	