

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 742 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO. 340

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OF DEATH  
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RESIDENCE  
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BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTE: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
A. COUNTY <b>Maricopa</b>		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>Phoenix</b> )		C. LENGTH OF STAY IN THIS PLACE (IF IN ARIZONA) <b>2 Days</b>   <b>Life</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Pinetop</b>			
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)					

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3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) <b>Leslie</b> B. (MIDDLE) <b>Ronald</b> C. (LAST) <b>Adair</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>
6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH <b>May 8 1936</b>	8. AGE <b>36</b> yrs <b>9</b> months <b>6</b> days	IF UNDER 24 HOURS HOURS   MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Laborer</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>Const.</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>	13. SOCIAL SECURITY NO. <b>Unk.</b>
14A. FATHER'S NAME <b>John W. Adair</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk.</b>	15A. MOTHER'S MAIDEN NAME <b>Cenethaia Jane Penrod</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk.</b>	
16. INFORMANT'S SIGNATURE <b>Mildred Adair</b>		ADDRESS <b>Pinetop Ariz</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Feb. 14, 1951</b>

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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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Medical Certification</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>Due to (b) <i>fault play</i></b> <b>Due to (c) <i>app. Myocardial failure</i></b>		
	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

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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 type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

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22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM \_\_\_\_\_, 19\_\_\_\_ TO \_\_\_\_\_, 19\_\_\_\_ THAT I LAST SAW THE DECEASED ALIVE ON \_\_\_\_\_, 19\_\_\_\_ AND THAT DEATH OCCURRED AT \_\_\_\_\_ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <b>Henry J. Foman</b>	(DEGREE OR TITLE) <b>County House Bldg</b>	23B. ADDRESS <b>County House Bldg</b>	23C. DATE SIGNED <b>2/15/51</b>
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24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	24B. DATE <b>2/15/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Pinetop Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Pinetop, Ariz</b>
25A. DATE REC'D BY LOCAL REG. <b>2/15/51</b>	25B. REGISTRAR'S SIGNATURE <b>Rulah Johnston</b>	26. FUNERAL DIRECTOR'S SIGNATURE <b>Henry J. Foman</b>	27. EMBALMER'S SIGNATURE <b>Henry J. Foman</b>
		ADDRESS <b>150</b>	

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