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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 4557

1. Place of Death: (a) County Navajo (b) City or Town Pinetop (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community _____; in Arizona _____
(Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Lloyd Edwin Adair (b) If Veteran name war _____
Social Security 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 May 9th 1904
(Month) (Day) (Year)

8. AGE: Years 44 Months _____ Days 28 hrs _____ min _____
If less than one day

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

10. Usual Occupation Laborer

11. Industry or Business _____

12. Name John W. Adair

13. Birthplace _____
(City, town or county) (State or Country)

14. Maiden Name Cynthia J. Penrod

15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Taken from Coroner Record

(b) Address Showlow, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Pinetop (c) Date 6/13 1948

18. (a) Embalmer's Signature none

(b) Funeral Director none

(c) Address _____

19. (a) Aug. 17, 1948
(Date received local Registrar)

(b) Adela Whipple
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 12, 1948;
TIME (Hour and minute) _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Drowning

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence June 12, 1948

(c) Where did injury occur? Pinetop Navajo Arizona
(City or Town) (County) (State)

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

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

23. Signature Geo. H. Wolford (Coroner) h

Address Showlow, Arizona Date signed _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically