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STANDARD CERTIFICATE OF DEATH  
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 4216

Registrar's No. 8658

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

(d) Length of Stay: In Hospital or Institution 10 days; In Community 10 days; In Arizona 61 yrs.  
(Specify whether years, months or days)

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

(d) Street No. Pioneer Home (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME ADAM ATOR (b) If veteran name war unknown (c) Social Security No. unknown

4. Sex Male 5. Race  White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife, if alive.            yrs.

7. Birthdate of deceased January 25 1860  
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 4 hrs.            min.             
If less than one day

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

10. Usual Occupation retired farmer

11. Industry or Business           

Father { 12. Name Adam Ator  
13. Birthplace unknown Illinois  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Harlow  
15. Birthplace unknown Illinois  
(City, town or county) (State or Country)

16. (a) Informant's own signature Supt. Pioneer Home  
(b) Address Prescott, Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Phoenix, Ariz (c) Date 8-2-48

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director Lester Ruffner  
(c) Address Prescott, Arizona

19. (a) Aug 3 1948  
(Date received Local Registrar)

(b) Ethel Kulbowski Deputy Registrar  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 29, 19 48  
TIME (Hour and minute) about 4:45 A. M.

21. I hereby certify that I attended the deceased from 15 July 1948 to 29 July 1948  
that I last saw him alive on 28 July, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Decomposition

Due to Arteriosclerosis Heart  
Diarrhea  
Due to Smoking

Other conditions (Include pregnancy within three 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           

(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 [Signature] M. D.             
Address Prescott, Ariz. Date signed Aug. 2 1948

DURATION  
PHYSICIAN  
Underline the cause to which death should be charged statistically