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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.

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 **Lester Ruffner**
(b) Funeral Director **Lester Ruffner**
(c) Address **Prescott, Arizona**

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

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

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 28 July 1948**
that I last saw him alive on **28 July 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decomposition**

Due to **Arteriosclerosis Heart**
Diarrhea
Due to **Smoking**

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

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