234

224

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~1058~~

County Registered No. 2303

Local Registrar's No. 233

PLACE OF DEATH

County Maricopa

District Mesa – Base Line, No 3

Town Or City Mesa

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Joseph Lorraine Carruthers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: X White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

X MARRIED ~~SINGLE~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: Nov 11 1840 (Month) (Day) (Year)

AGE: 76 yrs. 4 mos. 10 days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Dairy Farmer.
(b) General nature of industry, business, or establishment in which employed or (employer) .....

BIRTHPLACE (State or country): Scotland

PARENTS
NAME OF FATHER: Francis Carruthers
BIRTHPLACE OF FATHER (State or country): Scotland
MAIDEN NAME OF MOTHER: Barbara Lorraine
BIRTHPLACE OF MOTHER (State or country): Scotland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter N Carruthers

(Address) Mesa R F D. 1 #

PLACE OF BURIAL OR ~~REMOVAL~~: Mesa Cem

DATE OF BURIAL OR ~~REMOVAL~~: Mar. 23 1917

UNDERTAKER: M. L. Gibbons

ADDRESS: Mesa Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 21 1917 (Month) (Day) (Year)

I hereby certify, that I attended deceased from March 18 1917 to March 21 1917; that I last saw him alive on March 18 1917, and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing Death was as follows: Debility result of old age

..... (Duration) ..... yrs. ..... mos. ..... days.

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

..... (Duration) ..... yrs. ..... mos. ..... days.

(Signed) [illegible]

March 21 1917 (Address) Mesa

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed 3/23/1917 J. E. Drane, Local Registrar

Filed April 10 1917 [illegible], County Registrar

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS.

...NT IS A PERMANENT ...ORD.