

1337

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that 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.

PLACE OF DEATH

County Yavapai  
District Pima  
Town Plumbar  
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 110

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 10

Local Registrar's No. 2

No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Edwin Lavan Carter

PERSONAL AND STATISTICAL PARTICULARS		
SEX	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>Aug. 5 1851</u> (Month) (Day) (Year)		
AGE <u>66 yrs 6 mos 13 days</u>		If less than 1 day hrs., or min.
OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>Farmer</u>		
BIRTHPLACE (State or country) <u>Utah</u>		
PARENTS	NAME OF FATHER <u>William F. Carter</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Maine</u>	
	MAIDEN NAME OF MOTHER <u>Sarah York</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Maine</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>Alof P. Carter</u>		
(Address) <u>Plumbar Arizona</u>		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL <u>Feb. 20 1918</u>	
UNDERTAKER	ADDRESS	

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH <u>February 18 1918</u> (Month) (Day) (Year)		
I hereby certify, that I attended deceased from <u>Feb. 13<sup>th</sup></u> 1918 to <u>Feb. 13<sup>th</sup></u> 1918; that I last saw him alive on <u>Feb. 13<sup>th</sup></u> 1918, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>leucemia of face.</u>		
(Duration) <u>2</u> yrs - <u>0</u> mos - <u>0</u> days		
Was disease contracted in Arizona? <u>yes</u>		
If not, where? _____		
CONTRIBUTORY (Duration) _____ yrs _____ mos _____ days		
(Signed) <u>P. C. Dryden</u> <u>March 5<sup>th</sup> 1918</u> (Address) <u>Pima Arizona</u>		
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
LENGTH OF RESIDENCE At place of death <u>37</u> yrs. _____ mos. _____ ds. In Arizona <u>27</u> yrs. _____ mos. _____ ds.		
Former or Usual Residence _____		
Filed <u>3/5</u>	1918 <u>Mrs. P. C. Dryden</u> Local Registrar	
Filed _____	1918 <u>J. N. Stratton</u> County Registrar	

5