ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3795

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 840

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: ? IN ARIZONA: ?
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 14½ Mi.E.of Tucson-100 yds.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: California
B. COUNTY: L. A.
C. CITY OR TOWN: Los Angeles, — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): c/o Bank of America-Spring St

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Bonnie B. (MIDDLE) Lynn C. (LAST) Carpenter
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: 5 DAY: 31 YEAR: '92
8. AGE (IN YEARS LAST BIRTHDAY): 63 yrs — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Retired-
9B. KIND OF BUSINESS OR INDUSTRY: Not known
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Seymour, Ind.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): WW 1 (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: P
14A. FATHER'S NAME: Allen Carpenter
14B. BIRTHPLACE (STATE OR COUNTRY): Kentucky
15A. MOTHER'S MAIDEN NAME: Fanny Selfridge
15B. BIRTHPLACE (STATE OR COUNTRY): Ireland
16. INFORMANT'S SIGNATURE: Goldie Carden, Sister, ADDRESS: Indianapolis, Inc.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): (?) Found June 19th, 1955

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Dehydration + exposure — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION — **19B. MAJOR FINDINGS OF OPERATION**
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19__ TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Geo Hartman Sm D
22B. ADDRESS: Tucson Arizona
22C. DATE SIGNED: 6/29/55

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): 23A to 23F signed by Coroner as natural causes (apparently)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Clark H. Johnson
24B. ADDRESS: Room 6 Courthouse
24C. DATE SIGNED: 6-29-55

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☐ CREMATION ☐ REMOVAL ☐
25B. DATE: 7/1/55
25C. NAME OF CEMETERY OR CREMATORY: Faith Lawn
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 7-1-55
26B. REGISTRAR'S SIGNATURE: Jerman H. Okey
27A. FUNERAL DIRECTOR'S SIGNATURE: Reilly Funeral Home By: Chas A Reilly #216
27B. ADDRESS: Tucson, Ariz.

FORM VS-2 REV. 6-1-55 AMPCO 6-54 15M