

1020

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - No. 96  
County Registrar's - No. 107  
Local Registrar's - No. 96

1. County Graham  
District \_\_\_\_\_  
Town or City Gleason

2. FULL NAME Dahl, Carter  
(If death occurred in a hospital or institution, give its NAME instead of street number)  
(a) Residence. No. \_\_\_\_\_  
(Usual place of abode) Gleason St., \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single  
(Write the word)  
5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year) 2-23-24  
7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
IF LESS than 1 day 7 hrs. or min.  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/25/24  
17. I HEREBY CERTIFY, That I attended deceased from 2-23, 1924 to 2-25, 1924  
that I last saw him alive on 2/24, 1924  
and that death occurred, on the date stated above, at 6 A.M.  
The CAUSE OF DEATH\* was as follows:

Pneumonia

CONTRIBUTORY (Secondary) \_\_\_\_\_  
18. Where was disease contracted \_\_\_\_\_  
if not at place of death? \_\_\_\_\_  
Did an operation precede death? no Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. J. [Signature] M. D.  
1924 (Address) [Address]  
\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PARENTS

9. BIRTHPLACE (city or town) Gleason  
(State or country) \_\_\_\_\_  
10. NAME OF FATHER Albert Carter  
11. BIRTHPLACE OF FATHER Haiti  
(State or country) \_\_\_\_\_ (city or town) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Edude Faltin  
13. BIRTHPLACE OF MOTHER Haiti  
(State or country) \_\_\_\_\_ (city or town) \_\_\_\_\_

14. Informant (Address) Albert Carter  
15. Filed Mar 5 1924 Hattie W. Schenk Registrar.  
Filed Mar 1 1924 Oscar Schenk County Registrar.  
V. S. No. 1

19. PLACE OF BURIAL, CREMATION OR REMOVAL \_\_\_\_\_ DATE OF BURIAL 2/26 1924  
20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_