

755

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
1. County Maricopa  
District 703  
Town or City Mesa City  
2. FULL NAME John Thomas Carter  
(If death occurred in a hospital or institution, give its NAME instead of street number)  
(a) Residence. 149 S Center St  
St. Mesa Ward 2  
Length of residence in city or town where death occurred 7 yrs. 4 mos. 25 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 Married  
(Write the word)  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year) May 14 - 1862  
7. AGE Years 62 Months 1 Day 15 IF LESS than 1 day... hrs. or... min.  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) Name of employer  
9. BIRTHPLACE (city or town) Albuquerque  
(State or country) N. Carolina  
10. NAME OF FATHER Not known  
11. BIRTHPLACE OF FATHER (city or town) Not known  
(State or country)  
12. MAIDEN NAME OF MOTHER Not known  
13. BIRTHPLACE OF MOTHER (city or town) Not known  
(State or country)  
14. Informant (Address) J. J. Carter  
15. Filed July 16 1924 A. L. McNeill Local Registrar  
V. S. No. 1 \_\_\_\_\_ County Registrar.

MEDICAL CERTIFICATE OF DEATH  
16. DATE OF DEATH (month, day, and year) July 9 1924  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
1924 to July 9 1924  
that I last saw him alive on July 9 1924  
and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH, was as follows:  
Pulmonary tuberculosis  
(duration) yrs. mos. ds.  
CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) yrs. mos. ds.  
18. Where was disease contracted if not at place of death? N.C.  
Did an operation precede death? no Date of \_\_\_\_\_  
Was there an autopsy? no  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) J. J. Carter M. D.  
(Address) Mesa Arizona  
State the Disease Causing Death, or in Deaths from violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)  
19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cemetery DATE OF BURIAL 7-11 1924  
20. UNDERTAKER M. L. Gibbous ADDRESS Mesa Ariz.

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.