

589

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise
District Waveren
Town Naco

BUREAU OF VITAL STATISTICS

State Index - - - No. 180
County Registrar's - No. _____
Local Registrar's - No. 13

ORIGINAL CERTIFICATE OF DEATH

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME James Ernest Carlton
(a) Residence No. Lowell St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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)

7. AGE: Years 23 Months 6 Days 6 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Colonia Chihuahua
(State or Country) Chi. Mex

10. NAME OF FATHER James H. Carlton

11. BIRTHPLACE OF FATHER Scotland
(State or country) (city or town)

12. MAIDEN NAME OF MOTHER Bourman

13. BIRTHPLACE OF MOTHER _____
(State or country) (city or town) Switzerland

14. Informant (Address) James E. Carlton

15. Filed 8/7-25 W. Beckham
Local Registrar

Filed _____ 19____
V. S. No. 1 _____ Justice of the Peace
County Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 8/5 1925

17. I HEREBY CERTIFY, That I attended deceased from 10:20
10:30 1925 to 10:30 1925
that I last saw him alive on _____ 19____

and that death occurred, on the date stated above, at 10:30 P.M.
The CAUSE OF DEATH* was as follows:
Inquest by killing his
by S.P. Prain # 3

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

Signed W. L. Linn M. D.
8/6 - 1925 (Address) Naco City

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Bieber DATE OF BURIAL _____

20. UNDERTAKER W. Linn Browning ADDRESS Bieber

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.