

700057

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Maricopa State:
District or Township: or Village:
City: Phoenix No. Sunset Lane St., Ward
2. FULL NAME: Sarah Morgan Carpenter
(a) Residence, No. 1/2 mi. East of Orange Rd on Sunset Lane Ward.
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. D Carpenter
6. DATE OF BIRTH (month, day and year): 1871
7. AGE: 56
8. OCCUPATION OF DECEASED: At Home
9. BIRTHPLACE (city or town) (State or country): Arkansas
10. NAME OF FATHER: Eli Morgan
11. BIRTHPLACE OF FATHER (city or town) (State or country): Ky.
12. MAIDEN NAME OF MOTHER: Martha Stapleton
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ky.
14. Informant: Chas. D Carpenter (Address)
15. Filed 7-27-27 M. L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: 7-18-27
17. I HEREBY CERTIFY, That I attended deceased from 1921 to July 18-1927 that I last saw him alive on June 22, 1927 and that death occurred, on the date stated above, at 12:15 P.M. The CAUSE OF DEATH\* was as follows: Tuberculosis Pulmonary Chronic Actin Bilateral. (duration) 30 1/2 yrs. mos. ds.
18. Where was disease contracted? Unable to state
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) James S. Whiting, M. D. July 19 1927 (Address) Phoenix Ariz.
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood DATE OF BURIAL: 7-20-27
20. UNDERTAKER: A. L. MOORE & SONS ADDRESS: Phoenix

7-19-27