2369

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1089

Registered No. 169

1. PLACE OF DEATH

County Gila State Arizona

District or Township or Village or

City Globe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Callie Carpenter

(a) Residence. No. 617 No. Hill St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: white

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of James Carpenter

6. DATE OF BIRTH (month, day and year) Apr. 1 - 1857

7. AGE Years 72 Months 8 Days 23 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) California

PARENTS

10. NAME OF FATHER John Reed

11. BIRTHPLACE OF FATHER (city or town) (State or country) Unable to obtain

12. MAIDEN NAME OF MOTHER " " "

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

14. Informant Mrs Myrtle Lann

(Address) Globe, Arizona

15. Filed 1/7 1930 S. E. Wightman Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 25 (Day) 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29 to Dec 25, 1929, that I last saw her alive on Dec 24, 19 , and that death occurred, on the date stated above, at 4 A. m. The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis

(duration) 5 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? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], M. D.

Dec 26 1929 (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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Globe Cemetery

DATE OF BURIAL: Dec 26, 1929

20. UNDERTAKER: Miles Mortuary

ADDRESS: Globe, Ariz