693

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 88
County Registrar's - No.
Local Registrar's - No. #10

PLACE OF DEATH

1. County Graham
District Safford
Town or City Pima, Arizona No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Louisa Maria Carter
(a) Residence. No. Pima St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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 Wm. A. Carter

6. DATE OF BIRTH (month, day and year) Feb. 28, 1853

7. AGE Years 79 Months 11 Days 2 IF LESS than 1 day.....hrs. or.....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Henry G. Boyle
11. BIRTHPLACE OF FATHER Tazewell (city or town)
(State or country) Va.
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER unknown (city or town)
(State or country)

14. Informant Art Lines
(Address) Pima, Ariz.

15. Filed Feb 8, 1933 J. M. Stratton Local Registrar.
Filed ....., 19.. County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan. 31 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1933 to Jan. 31, 1933
that I last saw her alive on Jan 30, 1933
and that death occurred, on the date stated above, at 12 30 p.m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis (polytic stroke)

(duration) ..... yrs, ... mos. ..... ds.

CONTRIBUTORY (Secondary) Dislocation of left Hip
(duration) ..... yrs. ..... mos. 10 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? Clinical

(Signed) F. W. Butler, M. D.
Jan. 31 1933 (Address) Safford, Ariz.

* 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 Glenbar, Ariz
DATE OF BURIAL Feb-2- 1933

20. UNDERTAKER Art Lines
ADDRESS Pima Ariz

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A MARGIN RESERVED FOR BINDING INK—THIS IS AN. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A 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.