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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. **84** REGISTERED NO. **61**

1. PLACE OF DEATH  
STANDARD CERTIFICATE OF DEATH  
COUNTY Gila STATE ARIZONA  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe NO. 1st and Sycamore Streets OR \_\_\_\_\_ WARD \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
IN CITY OR TOWN WHERE DEATH OCCURRED 30 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Caroline Ann Carvil HOW LONG IN STATE WHEN DEATH OCCURRED? 51 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: 1st and Sycamore Streets (USUAL PLACE OF ABODE) WARD \_\_\_\_\_ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G.W.M. Carvil Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 20-1850

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN. 85

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. \_\_\_\_\_  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. At Home

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Nova Scotia

13. NAME Donald McKenzie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Nova Scotia

15. MAIDEN NAME Rebecca Heywood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mass.

17. INFORMANT Bert Carvil (ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial  
PLACE Globe Cemetery DATE 7/18/35 19. \_\_\_\_\_

19. EMBALMER (LICENSE NO. 181-A Fred Jones)  
SIGNATURE [Signature]  
FUNERAL DIRECTOR (LICENSE NO. 110-A Fred Jones)  
SIGNATURE [Signature]  
ADDRESS Globe Arizona

20. FILED August 9, 1935 Jeffrey Morris REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 1, 1935 TO July 16, 1935  
LAST SAW HER ALIVE ON July 16, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:05 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
myocarditis (with  
Coronal insufficiency &  
arteriosclerosis)

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Coro. Renal complications  
Senility

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:  
ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_ 19\_\_\_\_  
WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
IF SO, SPECIFY Arteriosclerosis  
(SIGNED) [Signature] M. D.  
(ADDRESS) Globe