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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

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 281

1. PLACE OF DEATH  
 COUNTY Mohave STATE ARIZONA REGISTERED NO. 65  
 TOWNSHIP Kingman Wikieup OR VILLAGE \_\_\_\_\_ OF \_\_\_\_\_  
 CITY \_\_\_\_\_ NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE  
 IN CITY OR TOWN WHERE DEATH OCCURRED 4 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 2. FULL NAME Robert M. Carpenter HOW LONG IN STATE WHEN DEATH OCCURRED 37 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (A) RESIDENCE; NO. Wikieup ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT OF CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 11, 1935</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Alice Carpenter</u>				I LAST SAW HIM <input checked="" type="checkbox"/> ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23, 1866</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET
<u>68</u>	<u>9</u>	<u>20</u>			<u>Verdict of the Coroner's Jury: Natural Causes</u>
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Merchant</u>				
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Miner</u>				
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Kentucky</u>					
FATHER	13. NAME <u>William Carpenter</u>				
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Kentucky</u>				
MOTHER	15. MAIDEN NAME <u>Ala Stevens</u>				
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Kentucky</u>				
17. INFORMANT <u>W.L. Carpenter</u>					
18. BURIAL, CREMATION, OR OTHER PLACE <u>Kingman, Ariz.</u> DATE <u>Sept 15, 1935</u>					
19. EMBALMER { LICENSE NO. <u>139</u> SIGNATURE _____ FUNERAL DIRECTOR _____ ADDRESS _____					
20. FILED <u>Sept 11, 1935</u> REGISTERAR _____					
				NAME OF OPERATION _____ DATE OF _____	
				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <input checked="" type="checkbox"/>	
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? <u>Salt Wash, Mohave Co.</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)					
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>While operating a prospect</u>					
MANNER OF INJURY <u>Found dead</u>					
NATURE OF INJURY _____					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <input checked="" type="checkbox"/>					
IF SO, SPECIFY _____					
(SIGNED) <u>W.L. Carpenter, Registrar</u> M.D. (ADDRESS) <u>Kingman, Ariz.</u>					