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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. **116**
REGISTERED NO. **32**

1. PLACE OF DEATH
 COUNTY Yavapai STATE ARIZONA
 TOWNSHIP Thatcher OR VILLAGE Thatcher
 CITY Thatcher 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 YRS. _____ MOS. _____ DS. _____ HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
 2. FULL NAME Thos. Carpenter HOW LONG IN STATE WHEN DEATH OCCURRED 29 YRS. _____ MOS. _____ DS. _____
 (A) RESIDENCE: NO. Thatcher Ariz. ST. _____ WARD _____ (IF NON-RESIDENT GIVE 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>3-15-1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carpenter</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 19____ TO _____ 19____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8-1907</u>					I LAST SAW H. _____ ALIVE ON _____ 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5 a</u> M.	
7. AGE	YEARS <u>28</u>	MONTHS <u>1</u>	DAYS <u>7</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Murdered. By fish driven in his head at two places, piercing skull 3 in. into on head</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Labourer</u>				DATE OF ONSET	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
12. BIRTHPLACE (CITY OR TOWN) <u>Thatcher</u> (STATE OR COUNTY) <u>Ariz.</u>						
FATHER	13. NAME <u>Erastus Carpenter</u>					
14. BIRTHPLACE (CITY OR TOWN) <u>King Co. Idaho</u> (STATE OR COUNTY)						
MOTHER	15. MAIDEN NAME <u>Rhoda Nelson</u>					
16. BIRTHPLACE (CITY OR TOWN) <u>Idaho</u> (STATE OR COUNTY)						
17. INFORMANT <u>Erastus Carpenter</u> (ADDRESS) <u>Thatcher Ariz.</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thatcher Ariz.</u> DATE <u>Mar 17, 1936</u>						
19. EMBALMER { LICENSE NO. <u>1166</u> SIGNATURE <u>W. C. Rawson</u> FUNERAL DIRECTOR <u>W. C. Rawson</u> ADDRESS <u>Safford, Ariz.</u>						
20. FILED <u>April 9, 1936</u> <u>W. C. Rawson</u> REGISTRAR						
					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE OR HOMICIDE. DATE OF INJURY <u>3/10/1936</u> WHERE DID INJURY OCCUR? <u>Home, Thatcher, Ariz.</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>In Home</u>	
					MANNER OF INJURY <u>With Pick & ax</u> NATURE OF INJURY <u>Pierced Skull</u>	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____						
					IF SO, SPECIFY _____ (SIGNED) <u>W. C. Rawson</u> M. D. (ADDRESS) <u>Safford Ariz.</u>	

104-11-22-34-REP-GAZ PRINTERY FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION