235

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 222

Registered No. 5-5

1. PLACE OF DEATH

County MARICOPA State ARIZONA

Township ..... or Village ..... or

City MESA No. ..... St. ..... Ward

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

Length of residence in city or town where death occurred 0 yrs. 6 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BETSEY LARSON CARTER How long in State when death occurred? 53 yrs. ..... mos. ..... ds.

(a) Residence: No. PEMA, ARIZONA St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

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

6. DATE OF BIRTH (month, day, and year) SEPT. 17, 1853

7. AGE Years 83 Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

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) (state or country) SWEDEN

FATHER

13. NAME MONS LARSON

14. BIRTHPLACE (city or town) (State or country) SWEDEN

MOTHER

15. MAIDEN NAME ELLEN MALMSTRON

16. BIRTHPLACE (city or town) (State or country) SWEDEN

17. INFORMANT (Address) MRS. SARRAH ELLEN BOYLE MESA ARIZONA

18 BURIAL, CREMATION, OR REMOVAL

Place PEMA ARIZONA Date 4/17/36, 19

19. UNDERTAKER (Address) MELDRUM MORTUARY MESA ARIZONA

20. Filed 4-20-1936 P. J. Schur Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/15/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 1st seen after death, 19 ..... to ..... , 19

I last saw h..... alive on ..... , 19 ..... ; death is said to have occurred on the date stated above, at 5:a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Influenza	3/26

Other contributory causes of importance:

Senility

Chronic Myocardial

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No

If so, specify .....

(Signed) Dr. Philip F. Hartman M. D.

(Address) Nile Bldg. Mesa

Back of Certificate to be used for any Additional Information

10M—3-21-33 MS-50301—FORM 3