1888

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. 189

Registered No. 662

1. PLACE OF DEATH

County Maricopa State ARIZONA

Township _____ or Village _____

City Phoenix, No. St. Joseph's Hospital, Isolation or 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 ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

How long in State where death occurred? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Pearl Carlin

(a) Residence: No. Rt. 1, Cashion, Arizona St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: ~~white~~ white

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 4, 1918

7. AGE: Years 18 | Months 8 | Days 6 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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. ____

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) Cashion, Arizona

FATHER

13. NAME Fred Carlin

14. BIRTHPLACE (city or town) (State or Country) Michigan

MOTHER

15. MAIDEN NAME Elsie Buker

16. BIRTHPLACE (city or town) (State or Country) Phoenix, Arizona

17. INFORMANT Fred Carlin, (father)

(Address) Rt. 1, Cashion, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Greenwood Cemetery Date 4-12-37 19

19. EMBALMER License No. 167

Signature Thos E. Walter

FUNERAL DIRECTOR Grimsham-Acton Mortuary

Address 334 W. Monroe St., Phoenix

20. Filed 4/14 1937 Gerit J. Osborn B.V.S. Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, and year) April 10, 1937

I HEREBY CERTIFY, That I attended deceased from April 2nd, 1937, to April 10th, 1937

I last saw her alive on April 10th, 1937; death is said to have occurred on the date stated above, at 2:25 p.m.

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

	Date of Onset
Epidemic Cerebro-Spinal Meningitis	April 1937

Other contributory causes in importance: None.

Name of operation None Date of ____

What test confirmed diagnosis? Spinal Puncture Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____ 19____

Where did injury occur? None.

(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) Willis Dwyer M. D.

(Address) Phoenix, Arizona.

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information