9178

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. 545

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH — STATE ARIZONA — REGISTERED NO. 5

COUNTY Yuma — OR VILLAGE — OR

TOWNSHIP — ST. — WARD

CITY Somerton — NO. On Ranch

(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 20 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS. HOW LONG IN STATE WHEN DEATH OCCURRED? 20 YRS. MOS. DS.

2. FULL NAME James Carter

(A) RESIDENCE: NO. Somerton, Aaizona ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

125a

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iva Joe Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1887

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
50	5	5	

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Manager

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Gen. Merchandixe Store

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Rockwell Texas

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

MOTHER

15. MAIDEN NAME Unknwon

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

17. INFORMANT (ADDRESS) Mrs Ja mes Carter Somerton, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Desert L.wn Memorial Park DATE 2/18/38

19. EMBALMER LICENSE NO. L9A SIGNATURE Ed Johnson

FUNERAL DIRECTOR The Johnson mortuary

ADDRESS Yuma Arizona

20. FILED Feb 18, 1938 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1938

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 2/11, 1938 TO 2/16, 1938

I LAST SAW HIM ALIVE ON 2/15, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:20A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Lobar pneumonia right lower & left upper Type 1 & 2	2/7/38

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Jaundice — 2/11/38

NAME OF OPERATION Transfusion DATE OF 2/12-13 & 14

WHAT TEST CONFIRMED DIAGNOSIS? X-rays 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? no

IF SO, SPECIFY

(SIGNED) John W. Stacey, M. D.

(ADDRESS) Yuma Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—1-25-36—FORM 3—100% RAG