2584

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

60

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. ____
Registrar's No. 4

1. Place of Death: (a) County Gila (b) City or Town Hayden (If outside city limits write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution —; In Community 29 years; In Arizona 34 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Hayden (If outside city limits write RURAL)

(d) Street No. —; (e) If foreign born, in U. S. A. 63 yrs.

3. (a) FULL NAME Julia Ann Carner (b) If veteran name war. (c) Social Security No. none (If NONE write the word)

4. Sex: Female
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Widowed
6. (b) Name of husband or wife: Ernest R. Carner
6. (c) Age of husband or wife, if alive ✓ yrs.

7. Birthdate of deceased July 6 (Month) (Day) 1875 (Year)

8. AGE: Years 65 Months 3 Days 15 If less than one day hrs. ____ min. ____

9. Birthplace Effington (City, town or county) Canada (State or Country)

10. Usual Occupation House wife

11. Industry or Business

Father
12. Name Henry Hansler
13. Birthplace Effington (City, town or county) Canada (State or Country)

Mother
14. Maiden Name Mary Ann Phillips
15. Birthplace St. Catharine (City, town or county) Canada (State or Country)

16. (a) Informant's own signature Olive F. Parker
(b) Address Hayden, Ariz.

17. (a) Burial, Cremation, or Removal Burial
(b) Place Winkelman (c) Date Oct 22 19 40

18. (a) Embalmer's Signature J. J. Sutton
(b) Funeral Director J. J. Sutton
(c) Address Winkelman Ariz

19. (a) October 23, 1940 (Date received local Registrar)
(b) N. P. Dash (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 21, 19 40;
TIME (Hour and minute) 2 00 A. M.

21. I hereby certify that I attended the deceased from March, 19 38 to Oct. 21, 19 40; that I last saw her alive on Oct. 20, 19 40; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Cerebral Hemorrhage	2 1/2 years
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature John C. Carner M.D.
Address Hayden, Ariz. Date signed Oct. 21, 1940