

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 628  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Pinal (b) City or Town Rural (c) Location Mar Hayden  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community unk; In Arizona unk  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Rural  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Anthony Lu Carter (b) If veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(If NONE write the word)

4. Sex Male 5. Color or Race White (a) Single, married, widowed or divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased June 8 1980  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Burlington Kansas  
(City, town or county) (State or Country)  
10. Usual Occupation Labourer  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Leureal Carter  
13. Birthplace Arkansas  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name unknown  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature Chester L. Carter  
(b) Address RT 1 Box 21 Coolidge Ariz  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Winkelmann (c) Date Nov 26 1941  
18. (a) Embalmer's Signature P. J. Sutton  
(b) Funeral Director P. J. Sutton  
(c) Address Winkelmann Ariz  
19. (a) Nov 26 - 41  
(Date received local Registrar)  
(b) Grace R. Wilcox  
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 25 1941;  
TIME (Hour and minute) 8:00 A.M.  
21. I hereby certify that I attended the deceased not at all  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cor Myocarditis DURATION 2 yrs.  
Due to \_\_\_\_\_  
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 Charles B. Huntley M.D.  
Address Hayden Date signed Nov 26, 1941