2613

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 290

Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (If outside city limits also write RURAL) (c) Location Wickenburg Hospital Inc. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 7 Days; In Community 23 yrs (Specify whether years, months or days); In Arizona 45 yrs

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

(d) Street No.; (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Calvin S. Carr (b) If Veteran name war No (c) Social Security No. None

4. Sex: Male

5. Race: White ☐ Indian ☒ Negro ☐ Oriental ☐

6. (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 Sept. (Month) 8 (Day) 1859 (Year)

8. AGE: Years 85 Months 4 Days 17 If less than one day hrs. ....min.

9. Birthplace St. Louis (City, town or county) Mo. (State or Country)

10. Usual Occupation Carpenter

11. Industry or Business

Father: 12. Name W. R. Carr; 13. Birthplace New York (City, town or county) (State or Country)

Mother: 14. Maiden Name Caroline Humphy; 15. Birthplace New York (City, town or county) (State or Country)

16. (a) Informant's own signature Walter G. Carr
(b) Address Wickenburg Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Wickenburg Ariz. (c) Date 1/31/45 19

18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H. L. Coffinger
(c) Address Wickenburg Ariz.

19. (a) 1/31/45 (Date received Local Registrar)
(b) Naomi Coffinger (Registrar's Signature)

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1/25/45 19; TIME (Hour and minute) 10.50 P M.

21. I hereby certify that I attended the deceased from for past 8 yrs, 19 to, 19; that I last saw him alive on 1-3-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Pneumonia — DURATION: 2 days
Due to: Cerebrial accident — Week
Due to: Senilence — 2 yrs
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 Floyd B. Gallier M. D.
Address Wickenburg Ariz Date signed 2-7-45