

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH **ARIZONA STATE BOARD OF HEALTH**
 County Maricopa BUREAU OF VITAL STATISTICS State Index No. 460
 District _____ ORIGINAL CERTIFICATE OF DEATH County Registered No. 377
 Town Phoenix Local Registrar's No. 3276
 Or City _____
 No. 1501 West Jefferson St.
 (If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)
 FULL NAME Roderick Newhall Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Indian Black Chinese Mexican
 SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Feb. 1 1913
 (Month) (Day) (Year)

AGE 1 yrs. 3 mos. 6 days If less than 1 day, hrs., or min.

OCCUPATION (a) Trade, profession or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Colorado

PARENTS
 NAME OF FATHER B.F. Carter
 BIRTHPLACE OF FATHER (State or country) Mass.
 MAIDEN NAME OF MOTHER Dorothy von Kamecke
 BIRTHPLACE OF MOTHER (State or county) Mass.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) B.F. Carter
 (Address) 1501 W. Jefferson St.

PLACE OF BURIAL OR REMOVAL Greenwood Cem. DATE OF BURIAL OR REMOVAL May 5 1914

UNDERTAKER Merryman & Hay T ADDRESS Phoenix Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1914
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Apr 20 1914 to May 6 1914; that I last saw him alive on May 6 1914 and that death occurred on the date stated above at 8 A.M. The DISEASE or INJURY causing Death was as follows:
Meningitis
 (Duration) yrs. 2 days

Was disease contracted in Arizona? no
 If not, where? Colorado

CONTRIBUTORY Influenza
 (Duration) yrs. 10 days
 (Signed) E. Paquet Palmer
 (Address) _____

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
 At place of death yrs. mos. ds. In Arizona yrs. mos. ds.
 Former or Usual Residence Colorado

Filed MAY 7 1914 Edward J. Taylor Jr. Local Registrar
 Filed 6/8 1914 W.A. Hughes County Registrar