

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3943 ✓

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1588

PLACE OF DEATH COUNTY Maricopa CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Butler Rest Home	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 15 yrs   62 yrs	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Butler Rest Home		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1515 W. Fillmore	

NAME OF DECEASED (TYPE OR PRINT) Harry E. Harter SEX Male COLOR OR RACE White MARRIED - - - - - NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DATE OF BIRTH MONTH DAY YEAR Oct 11 1886 AGE YEARS MONTHS DAYS 64 9 2 UNDER 24 HOURS MIN. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Freight agent KIND OF BUSINESS OR INDUSTRY Railroad BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin CITIZEN OF WHAT COUNTRY? USA WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No SOCIAL SECURITY NO. yes FATHER'S NAME John Harter BIRTHPLACE (STATE OR COUNTRY) Wisconsin MOTHER'S MAIDEN NAME Mary Brown BIRTHPLACE (STATE OR COUNTRY) Louisiana INFORMANT'S SIGNATURE Katherine G. King ADDRESS Phoenix, Ariz. DATE OF DEATH (MONTH) (DAY) (YEAR) July 13 1951	3. NAME OF DECEASED A. (FIRST) Harry B. (MIDDLE) E. C. (LAST) Harter		4. SEX Male	5. COLOR OR RACE White
	6. MARRIED - - - - - NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Oct 11 1886	
	8. AGE YEARS MONTHS DAYS 64 9 2		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Freight agent	
	9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	
11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. yes
14A. FATHER'S NAME John Harter		14B. BIRTHPLACE (STATE OR COUNTRY) Wisconsin		15A. MOTHER'S MAIDEN NAME Mary Brown
15B. BIRTHPLACE (STATE OR COUNTRY) Louisiana		16. INFORMANT'S SIGNATURE Katherine G. King		ADDRESS Phoenix, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 13 1951				

CAUSE OF DEATH (TEMP 18) 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Carcinoma left lung ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. None		INTERVAL BETWEEN ONSET AND DEATH 1 yr

OPERATIONS AUTOPSY 2	19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
DEATH DUE TO (FATAL INJURY) 2	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION 1	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 1, 1950 TO 7-13, 1951, THAT I LAST SAW THE DECEASED ALIVE ON 7-12, 1951, AND THAT DEATH OCCURRED 8 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE G. J. Jullakson		23B. ADDRESS 753 E. McDowell, Phoenix		23C. DATE SIGNED 7-14-51
	(DEGREE OR TITLE) M.D.				

GENERAL DIRECTOR AND REGISTRAR 85	24A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE July 16, 1951		24C. NAME OF CEMETERY OR CREMATORY Greenwood		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Ariz.	
	25A. DATE REC'D BY LOCAL REG. 7/16/51		25B. REGISTRAR'S SIGNATURE Beulah Johnston		26. FUNERAL DIRECTOR'S SIGNATURE Stanley Clegg		ADDRESS A. L. MOORE & SONS PHOENIX, ARIZ. NO 326	
				27. EMBALMER'S SIGNATURE Gust L. Karen				

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