

2425

FILL OUT ALL BLANKS

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 certificate will be returned for correction.

PLACE OF DEATH
County Pinal
District
Town Ray
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 897County Registered No. 656

Local Registrar's No. _____

No. Ray, Ariz
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Carmen V. Elton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White ☒ Indian
Black ☐ Chinese
Mexican ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ or DIVORCED ☒

DATE OF BIRTH Feb 8 1913
(Month) (Day) (Year)

AGE 45 yrs. 5 mos. 10 days 10 hrs. or 10 min.
If less than 1 day

OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) New Mexico

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or Country) "

MAIDEN NAME OF MOTHER Aguric

BIRTHPLACE OF MOTHER (State or Country) Unknown

The Above Is True to the Best of My Knowledge
(Informant) W. H. Vellon
(Address) Ray, Ariz.

PLACE OF BURIAL OR REMOVAL Ray

DATE OF BURIAL OR REMOVAL Oct 16, 1918

UNDERTAKER St. Vincent ADDRESS Ray

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1918
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct 14 1918 to Oct 14 1918; that I last saw her alive on Oct 13 1918, and that death occurred on the date stated above at 6:10 P.M. The DISEASE or INJURY causing

Death was as follows: Influenza & Pneumonia

(Duration) 7 yrs. 5 mos. 10 days

Was disease contracted in Arizona? No

If not, where? _____

CONTRIBUTORY (Duration) 7 yrs. 5 mos. 10 days

(Signed) W. H. Carson

Oct 15 1918 (Address) Ray Ariz.

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal

LENGTH OF RESIDENCE

At place of death 7 yrs. 5 mos. 10 ds. In Arizona 25 yrs. 5 mos. 10 ds.

Former or Usual Residence New Mexico

Filed Oct 16th 1918 W. H. Carson

Local Registrar

Filed Nov. 8, 1918 W. H. Carson

County Registrar