

## STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

Dept. of Public Health F. No. 15

## CALIFORNIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
CITY AND COUNTY  
OF  
SAN FRANCISCO

ORIGINAL CERTIFICATE OF DEATH 211-50

LOCAL REGISTRATION 8118

(No. 608 B Naught)

ST.

WARD.)

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

[If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information."]

Full Name

William Henry Carter

## PERSONAL AND STATISTICAL PARTICULARS

## LENGTH OF RESIDENCE

At Place of Death ..... years ..... months.

In California ..... years ..... months.

SEX

Male

COLOR  
OR RACE

White

DATE OF BIRTH

Apr 1 24, 1858  
(Month) (Day) (Year)

AGE

52 years 7 months 10 days

SINGLE, MARRIED,  
WIDOWED, OR DIVORCED

Married

BIRTHPLACE

OCCUPATION

Collector

NAME OF  
FATHER

George Carter

BIRTHPLACE  
OF FATHER

N. Y.

MAIDEN NAME  
OF MOTHER

Mary

BIRTHPLACE  
OF MOTHER

Canada (State or Country)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE  
BEST OF MY KNOWLEDGE AND BELIEF

(INFORMANT)

Mary A. Carter

(Address)

608 B Naught

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

Dec 1 1908  
(Month) (Day) (Year)I HEREBY CERTIFY that I attended deceased from  
Jan 1907, to Dec 1, 1908;  
that I last saw him alive on Dec 1, 1908;  
and that death occurred, on the date stated above, at 9:20 A.M.  
The CAUSE OF DEATH was as follows:Sclerosis of Coronary  
Artery - (duration) ..... days.  
Contributory(Signed) Alice Raymond, M.D.  
Dec 1, 1908 (Address) 4263 MissionSPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted,  
if not at place of death?

PLACE OF DEATH OR RESIDENCE

6 Cypress Lawn Cemetery Dec 1, 1908

UNDERTAKER

Carter Bros 8460-16 St

FILED

1908

FILED

DEC 5 1908 1908

R. A. RODRIGUEZ M. D.

Register or Deputy

This is to certify that this document is a true copy of the official record filed with the  
Office of Vital Records.  
MARK B. HORTON, MD, MSPH, Director and State Registrar of Vital Records  
by:

DATE ISSUED

Linette T. Scott 09 FEB -5 AM 6:03

LINETTE T. SCOTT, MD, MPH, DEPUTY DIRECTOR  
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISIONThis copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.  
(Rev. 11-08)

100216102

