3395

ORIGINAL

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. 339

County Pinal

District No. 3

County Registrar No. 1165

Town or City Casa Grande No. St. Local Registrar's No.

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

FULL NAME Thomas J Barrett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White, Black, Mexican, Indian, Chinese

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Sept (Month) 27 (Day) 1852 (Year)

AGE: 68 yrs. mos. days

If less than 1 day: hrs., or min.

OCCUPATION

(a) Trade, profession or particular kind of work: Miner

(b) General nature of industry, business, or establishment in which employed (or employer): 36

BIRTHPLACE (State or country): Ind.

PARENTS

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

The above is true to the best of my knowledge.

(Informant) Mrs [illegible] Weaver

(Address) Casa Grande

Place of Burial or Removal	Date of Burial or Removal
Arizola	June 2 1921
Undertaker	Address
D A Martin	Florence

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 1 (Day) 1921 (Year)

I hereby certify, that I attended deceased from May 27 1921, to June 1, 1921; that I last saw him alive on May 31, 1921, and that death occurred on the date stated above at 3 a.m. (3) The DISEASE or INJURY causing death was as follows: Ptomain poisoning

(Duration) yrs. mos. days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY: Heart disease

(Duration) yrs. mos. days

(Signed) E J Grande, M. D.

June 1, 1921 (Address) Casa Grande

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death years months days

In Arizona years months days

Former or Usual Residence

Filed JUN 2 1921, 19 E. G. Lavers, Local Registrar.

A True Copy

Filed July 5, 1921 W G Randell, County Registrar.

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