

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3490

PLACE OF DEATH AND RESIDENCE 17 1 AND 2 RESIDENCE 6118	1. PLACE OF DEATH A. COUNTY Mariopas		B. LENGTH OF STAY IN THIS TOWN 64 yrs IN ARIZONA 34 yrs		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 3490		
	C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Valley of Sun Nursing Home Phx.				D. STREET (IF RURAL, GIVE LOCATION) 634 N. 5th Ave Phoenix Ariz.				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
PRECEDENT PERSONAL DATA 1 11 4 160	3. NAME OF DECEASED (TYPE OR PRINT) Verba D. Barr			4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
	6B. NAME OF SPOUSE Bertha Barr		7. DATE OF BIRTH MONTH Dec DAY 27 YEAR 1888		8. AGE (IN YEARS LAST BIRTHDAY) 71		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Retired Reynolds Metal		
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		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. UNK.
	14A. FATHER'S NAME A. David Barr		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Rose Williams		15B. BIRTHPLACE (STATE OR COUNTRY) Illinois		
CAUSE OF DEATH 18 OF DEATH ITEM 18)	16. INFORMANT'S SIGNATURE Mrs Bertha Barr ADDRESS 634 N. 5th Ave Phoenix				17. DATE OF DEATH (MONTH) Oct (DAY) 21 (YEAR) 1960				
	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral vascular accident ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) cerebral arterio sclerosis DUE TO (C) Parkinsonian II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH				INTERVAL BETWEEN ONSET AND DEATH 7 days 10 yrs		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
OPERATIONS, AUTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1954 TO 1960 THAT I LAST SAW THE DECEASED ALIVE ON Oct 20 19 60 AND THAT DEATH OCCURRED AT 5:15 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	22A. SIGNATURE (DEGREE OR TITLE) W. J. Sullivan MD				22B. ADDRESS 111 E. Camelback		22C. DATE SIGNED 10-21-60		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)				
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input checked="" type="checkbox"/> CREATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 10/24/60		25C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix Arizona		
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 10/24/60		26B. REGISTRAR'S SIGNATURE Richard J. ...		27A. FUNERAL DIRECTOR'S SIGNATURE Robert J. ...		27B. ADDRESS Phoenix Arizona		
	28A. EMBALMER'S SIGNATURE ...				28B. EMBALMER'S CERT. NO. ...				