

2002

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa

BUREAU OF VITAL STATISTICS

State Index - - - No. 306

District

ORIGINAL CERTIFICATE OF DEATH

County Registrar's - No. 313

Town or City Phoenix

No. 1835 N. Rindus

Local Registrar's - No. 230

2. FULL NAME Albert Kent Barber

(If death occurred in a hospital or institution, give its NAME instead of street number) St. _____ Ward _____

(a) Residence. No. 1835 N. Rindus St. _____ Ward _____

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED married

16. DATE OF DEATH (month, day, and year) Feb. 28 1923

5a. If married, widowed or divorced HUSBAND of Abbie Barber (or) WIFE of _____

17. I HEREBY CERTIFY, That I attended deceased from 9:30 20 1923 to 7:45 28 1923

6. DATE OF BIRTH (month, day and year) Feb. 28

that I last saw him alive on Feb. 28 1923

7. AGE Years 55 Months _____ Days _____ IF LESS than 1 day _____ hrs. _____ or _____ min.

and that death occurred, on the date stated above, at 3:45 a.m. The CAUSE OF DEATH* was as follows: influenza

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Ray Barber (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____

(duration) _____ yrs. _____ mos. 4 ds.

9. BIRTHPLACE (city or town) Mason Co. Illinois (State or country) _____

CONTRIBUTORY (Secondary) meningitis (duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER Not known

18. Where was disease contracted if not at place of death? _____

11. BIRTHPLACE OF FATHER " " (State or country) _____ (city or town) _____

Did an operation precede death? no Date of _____

12. MAIDEN NAME OF MOTHER Hanna

Was there an autopsy? no

13. BIRTHPLACE OF MOTHER Not known (State or country) _____ (city or town) _____

What test confirmed diagnosis? in

14. Informant (Address) Oswald Barber

(Signed) R. H. Thayer M. D. 2/28 1923 (Address) Phoenix, Ariz.

15. Filed 2/28 1923 L. L. GARRISON, M. D. Local Registrar.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

V. S. No. 1 Filed 3/7/23 19 _____ MARY J. _____ County Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Nickland, Ariz DATE OF BURIAL March 1 1923

20. UNDERTAKER A. L. Moon's Sons ADDRESS 329 N. Adams