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MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE 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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF DEATH**

1. County Yuma District Agate State Index - - - - No. 518  
Town or City Agate Ariz County Registrar's - - No. 7  
Local Registrar's - - - No. 7

2. FULL NAME Lottie Barker (If death occurred in a hospital or institution, give its NAME instead of street number)  
(a) Residence No. Agate Ariz Usual place of abode St. Agate Ariz Ward Agate Ariz  
Length of residence in city or town where death occurred 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 <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u> <small>(Write the word)</small>			16. DATE OF DEATH (month, day, and year) <u>July 2nd 1925</u>	
5a. If married, widowed, or divorced <u>HUSBAND of</u> (or) WIFE of <u>H. M. Barker</u>					17. I HEREBY CERTIFY, That I attended deceased from <u>June 4 1925</u> to <u>July 1 1925</u> that I last saw her alive on <u>July 1 1925</u> and that death occurred, on the date stated above, at <u>2:10 P.M.</u> The CAUSE OF DEATH <sup>2</sup> was as follows: <u>Typhoid Fever</u> (duration) yrs. <u>1</u> mos. <u>6</u> ds.	
6. DATE OF BIRTH (month, day and year) <u>Sept 9 1902</u>					CONTRIBUTORY <u>Broncho pneumonia</u> (Secondary) (duration) yrs. mos. ds.	
7. AGE	Years <u>22</u>	Months <u>11</u>	Days <u>23</u>	IF LESS than 1 day.....hrs. or.....min.	18. Where was disease contracted <u>at place of death?</u> Did an infection precede death? <u>No</u> Date of <u>        </u> Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Clinical + Laboratory</u> (Signed) <u>J. H. [Signature]</u> M. D. <u>Agate Ariz</u> (address)	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					* 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.)	
9. BIRTHPLACE (city or town) <u>Nebraska</u> (State or country)					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>July 4th 1925</u>	
10. NAME OF FATHER <u>R. F. Cummings</u>					20. UNDERTAKER <u>O. C. Johnson</u> ADDRESS <u>Yuma Arizona</u>	
11. BIRTHPLACE OF FATHER <u>Nebraska</u> (State or country)						
12. MAIDEN NAME OF MOTHER <u>Estev Peterson</u>						
13. BIRTHPLACE OF MOTHER <u>Nebraska</u> (State or country)						
14. Informant <u>Carl Brunette</u> (Address) <u>Yuma Ariz</u>						
15. Filed <u>July 10 1925</u> <u>Chas. M. Hindman</u> Local Registrar.						
Filed <u>        </u> 19 <u>        </u> V. S. No. 1 County Registrar.						