

1738

N. B.—WRITE PLAINLY WITH CARE. 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

State Index - - No. 534
County Registrar's No. _____
Local Registrar's - No. 197
St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. County Yuma
District Yuma
Town or City Yuma

2. FULL NAME John Henderson Barber
(a) Residence Mohawk Ariz St. _____ Ward _____
(Usual place of abode)
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>Male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>married</u>			16. DATE OF DEATH (month, day, and year) <u>7, 16 1928</u>	17. _____
5a. If married, widowed, or divorced HUSBAND of <u>Dora Nuckola</u> (or) WIFE of _____					I HEREBY CERTIFY That I attended deceased from <u>July 16 1928</u> to <u>July 16 1928</u> that I last saw him alive on <u>July 16 1928</u> and that death occurred, on the date stated above, at <u>8:30 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Rupture of colon from accidental fall hitting abdomen on WPA rail</u> (duration) _____ yrs. mos. <u>1</u> ds.	
6. DATE OF BIRTH (month, day and year) <u>Nov - 1870</u>					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.	
7. AGE	Years <u>57</u>	Months <u>4</u>	Days _____	IF LESS than 1 day _____ hrs. or _____ min.	18. Where was disease contracted if not at place of death? <u>Mohawk Ariz</u> Did an operation precede death? <u>Yes</u> Date of <u>7, 16, 28</u> Was there an autopsy? <u>NO</u> What test confirmed diagnosis? <u>Eye reflex</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Electric Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Home Steader</u> (c) Name of employer _____					Signed <u>W. C. Lamb</u> M. D. <u>18 1928</u> (Address) <u>Yuma Ariz</u> * 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) (State or country) <u>Blauconvia Texas</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>7-18 1928</u>	
10. NAME OF FATHER <u>Adison Barber</u>					20. UNDERTAKER <u>A.S.M. Candless</u> ADDRESS <u>Yuma</u>	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Miss</u>						
12. MAIDEN NAME OF MOTHER <u>Henderso</u>						
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Miss</u>						
14. Informant (Address) <u>Alice Agnes White</u>						
15. Filed <u>July 18, 1928</u> <u>Temp Ariz</u> V. S. No. 1 _____ Registrar						