2169

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 211

Registered No. 871

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ____ or Village ____ or

City Phoenix No. 1035 E. Highland Ave., St., ____ Ward

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

2. FULL NAME Infant son of H. B. Barlow

(a) Residence, No. 1035 E. Highland Ave. St., ____ Ward. ____

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 0 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
M	White	Single

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

6. DATE OF BIRTH (month, day and year) 6/6/29

7. AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or 0 min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (city or town) Phoenix (State or country) Ariz.

PARENTS

10. NAME OF FATHER M. B. Barlow

11. BIRTHPLACE OF FATHER ____ (city or town) (State or country) Texas

12. MAIDEN NAME OF MOTHER Marie Lou Carleton

13. BIRTHPLACE OF MOTHER ____ (city or town) (State or country) Texas

14. Informant M. B. Barlow

(Address) 1035 N. Highland

15. Filed 6/7/29, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6/6/29 (Month, Day, 19 Year)

17. I HEREBY CERTIFY, That I attended deceased from One Jo. 9, 19 29

that I last saw h ____ alive on ____, 19__,

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Born dead

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

____ (duration) ____ yrs. ____ mos. ____ ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

6-10 1929 (Address) Phoenix

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Lawn	6/7/29
20. UNDERTAKER	ADDRESS