

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

1. PLACE OF DEATH County: Graham State: Ariz District or Township: Safford or Village: City: Safford No. (If death occurred in a hospital or institution, give its NAME instead of street and number). 2. FULL NAME: Clara Barney (a) Residence, No.: Safford St. Ward. Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX: Female 4. COLOR or RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry 6. DATE OF BIRTH (month, day and year): Aug-7-1915 7. AGE: 15 Years 8 Months 7 Days IF LESS than 1 day hrs. or min. 8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: School (b) General nature of industry, business or establishment in which employed (or employer): (c) Name of employer: 9. BIRTHPLACE (city or town) (State or country): Safford, Ariz 10. NAME OF FATHER: R. O. Barney 11. BIRTHPLACE OF FATHER (State or country): Utah (city or town) 12. MAIDEN NAME OF MOTHER: Lillian V. Prudgott 13. BIRTHPLACE OF MOTHER (State or country): Utah (city or town) 14. Informant: R. W. Williams (Address) Safford 15. Filed: 3-8-30 Registrar: J. N. Stratton

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH: Feb-22-1930 17. I HEREBY CERTIFY. That I attended deceased from 2/19 1930 to 2/22 1930 that I last saw her alive on 2/22 1930 and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH* was as follows: Meningitis (duration) yrs. mos. 8 ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. 18. Where was disease contracted If not at place of death? Did an operation precede death? No Date of Was there an autopsy? No What test confirmed diagnosis? (Signed) Roderick Williams, M. D. 2/22 1930 (Address) Safford, Ariz * State the Disease Causing Death, or its death 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: Safford DATE OF BURIAL: 2/23/30 20. UNDERTAKER: W. C. Rowan ADDRESS: Safford