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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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

State File No. 348

Local Registrar's No. 2619

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ..... or Village ..... or

City Phoenix No. ..... St., ... Ward

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

2. FULL NAME Barbara Leone Morgan

(a) Residence, No. 1206 E. Garfield St., ... Ward. .....

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

Length of residence in city or town where death occurreed 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. (Write the word)

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

6. DATE OF BIRTH (month, day and year) May 31, 1930

7. AGE: Years | Months | Days 24 | IF LESS than 1 day ..... hrs. or ..... 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 R. H. Morgan

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

12. MAIDEN NAME OF MOTHER Nelle Freeman

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

14. Informant R. H. Morgan
(Address)

15. Filed June 26, 1930 J. W. Woodman Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 (Month) 24 (Day) 1930 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1930 to 6-24, 1930, that I last saw her alive on 6-23, 1930, and that death occurred, on the date stated above, at 5 00 a.m. The CAUSE OF DEATH* was as follows:

Exhaustion from hemorhages

..... (duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Hemofelia

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

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

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physcal examination

(Signed) 6-24-30 1930 H. J. Hart, M. D. (Address) 24 Washington

* 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: Forest Lawn

DATE OF BURIAL: 6/25/30

20. UNDERTAKER A. H. McLellan

ADDRESS