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

1. PLACE OF DEATH County Greenlee State Arizona State File No. 103 Registered No. 84

District or Township Village Morenci City Morenci Hotel No. Morenci Hotel St. Ward

2. FULL NAME Fred Barnett (a) Residence No. Morenci Hotel St. Ward

Length of residence in city or town where death occurred 20 yrs. mos. How long in U.S. if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE German 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year) Mar 15 - 1871

7. AGE Years sixty Months 9 Days 14 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Poulterer surface foreman (b) General nature of industry, business or establishment in which employed (or employer). Copper Mining Phelps Dodge Corp (c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown Germany

10. NAME OF FATHER John Barnett

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

12. MAIDEN NAME OF MOTHER Am Corason

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

14. Informant Phelps Dodge Corp (Address) Morenci Arizona

15. File No. 1031 Registrar. O'Meara

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec 29 1931

17. I HEREBY CERTIFY, That I attended deceased from following is verdict Coroners Jury inquest held 12/31/31 that I was alive on 3/1/32

and that death occurred, on the date stated above, at 3:00 PM The CAUSE OF DEATH* was as follows: "Natural Causes, Probably Coronary Thrombosis or "Heart failure"

(duration) yrs. mos. ds. CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

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

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Doctors opinion (Signed) O.W. Davis Coroner (Address) Morenci Ariz

* 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 Interment Jan 3 - 1932

20. UNDERTAKER O'Farrell ADDRESS O'Farrell

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.