

1230

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PENNLY, 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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County **Maricopa** State **ARIZONA** State File No. **162**  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. **183**  
 City **Phoenix** No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
 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.

2. FULL NAME **Baby Barnes** How long in State when death occurred? **Stillborn**  
 (a) Residence: No. **1305 E. Jefferson** St., \_\_\_\_\_ Ward, \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Female</b>	4. COLOR OR RACE <b>Colored</b>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <b>Infant</b>		21. DATE OF DEATH (month, day, and year) <b>Feb. 12th 1934</b>	22. I HEREBY CERTIFY, That I attended deceased from _____, 1934, to _____, 1934
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <b>Infant</b>				I last saw h...er alive on _____, 1934 death is said to have occurred on the date stated above at _____ m.	
6. DATE OF BIRTH (month, day, and year) <b>Feb. 12th 1934</b>				The principal cause of death and related causes of importance were as follows: <b>Still birth</b>	
7. AGE Years _____ Months _____ Days _____ If LESS than _____ hrs. or _____ min. <b>Stillborn</b>		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Infant</b>		Other contributory causes of importance:  Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Infant</b>		10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (state or country) <b>Phoenix, Arizona</b>				Date of Onset _____	
13. NAME <b>Fred William Barnes</b>					
14. BIRTHPLACE (city or town) (State or country) <b>Birmingham, Alabama.</b>					
15. MAIDEN NAME <b>Willie Lee Heard</b>					
16. BIRTHPLACE (city or town) (State or country) <b>Birmingham, Alabama.</b>				If so, specify: (Signed) <b>W. C. Hackett</b> , M. D. (Address) <b>216 E. Washington</b>	
17. INFORMANT <b>Fred William Barnes</b> (Address) <b>1305 East Jefferson St.</b>					
18. BURIAL, CREMATION, OR REMOVAL Place <b>Forest Lawn</b> Date <b>2-13-</b> 19 <b>34</b>					
19. UNDERTAKER <b>Reynolds Funeral Home</b> (Address) <b>1137 East Washington St.</b>					
20. Filed <b>2-19-</b> 19 <b>34</b> <i>W. C. Hackett</i> Registrar					

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information