

735

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3-118

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Yavapai STATE ARIZONA REGISTERED NO. _____
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Safford NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 1 YRS. 5 MOS. 20 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Delsa Barney HOW LONG IN STATE WHEN DEATH OCCURRED? 1 YRS. 5 MOS. 20 DS.
(A) RESIDENCE: NO. Safford, Ariz ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-20-1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
<u>One</u>	<u>5</u>	<u>20</u>		

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. None
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Safford (STATE OR COUNTY) Arizona

13. NAME Barney J. Barney
14. BIRTHPLACE (CITY OR TOWN) Safford (STATE OR COUNTY) Arizona
15. MAIDEN NAME Lucia J. Janssens
16. BIRTHPLACE (CITY OR TOWN) Eden (STATE OR COUNTY) _____

17. INFORMANT Barney J. Barney
(ADDRESS) Safford

18. BURIAL, CREMATION, OR REMOVAL PLACE Safford DATE 1-11-1935

19. EMBALMER (LICENSE NO. _____) SIGNATURE Barney Barney
FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 2/9/35 REGISTRAR J. H. Shallen (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1935
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 2, 1935 TO Jan 9, 1935
LAST SAW HER ALIVE ON Jan 8, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7:30 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Broncho pneumonia DATE OF ONSET _____

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Influenza

NAME OF OPERATION None 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? _____
IF SO, SPECIFY _____ (SIGNED) G. W. Anderson M. D.
(ADDRESS) Safford, Ariz

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M-10-6-34-REP-GAZ PRINTERY—FORM 3