2855

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 2 594

1. PLACE OF DEATH

COUNTY Pima STATE ARIZONA REGISTERED NO. 29

TOWNSHIP OR VILLAGE

CITY Tucson NO. South Meth 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 YRS. MOS. DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Truman Lee Barnett HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.

(A) RESIDENCE: NO. Rillito ST. WARD

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

1070

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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) 9-3-36

7. AGE YEARS MONTHS 4 DAYS 7 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

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. Child

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 COUNTY) Rillito

FATHER

13. NAME Oscar Barnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Desmonia Texas

MOTHER

15. MAIDEN NAME Lora Autry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Bankstown Ala.

17. INFORMANT (ADDRESS) Oscar Barnett Rillito Tucson

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cem DATE 1/11/37 19

19. EMBALMER LICENSE NO. 2880 SIGNATURE John D. Reilly Jr.

FUNERAL DIRECTOR Reilly Undertaking Co

ADDRESS Tucson, Ariz.

20. FILED 1-11-37 19 L. H. Howard M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 8, 37, TO Jan 10, 37

I LAST SAW HIM ALIVE ON Jan 9, 37; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:30 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Bilateral Broncho Pneumonia	1-6-37

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION None DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Xray WAS THERE AN AUTOPSY? No

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? No.

IF SO, SPECIFY

(SIGNED) Wm D. Carrell M. D.

(ADDRESS) 123 So. Stone Tucson

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—1-25-36—FORM 3—100% RAG