

2577

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

53

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 99.

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 704 Sycamore St.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 25 yrs. In Arizona 47 Yrs.
(Specify whether years, months or day)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits write RURAL)
(d) Street No. 704 Sycamore St.; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Mary Elizabeth Barrett Morris (b) If veteran name was _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct. 6 1857
(Month) (Day) (Year)
8. AGE: Years 83 Months 0 Days 8 If less than one day hrs. _____ min. _____

9. Birthplace New Orleans, La.
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business _____

Father { 12. Name John T. Barrett
13. Birthplace New Orleans, La.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Sarah Kelly
15. Birthplace New Orleans, La.
(City, town or county) (State or Country)

16. (a) Informant's own signature Samuel H. Morris
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place New Orleans, La. (c) Date Oct. 15 1940

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) Oct. 15 - 1940
(Date received local Registrar)
(b) Dore Wavalle
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 14 1940;
TIME (Hour and minute) 6:40 PM. M.

21. I hereby certify that I attended the deceased from March 31, 1940
to October 14 1940;
that I last saw her alive on October 13 1940;

and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac failure

Due to Thrombosis of the coronary artery

Due to Chronic myocarditis

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

9-23-40

Indefinite

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Was injury _____

23. Signature Dr. Wm. B. Watts, Jr. M.D.
Address Box 1296, Miami, Fla. Date signed Oct. 15, 1940