Dr. Clyde Barker

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 228
Registrar's No. 815

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix, (If outside city limits also write RURAL) (c) Location Good Samaritan Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ~~Birth~~ 2 days; In Community ~~Birth~~ 2 days; In Arizona ~~Birth~~ 2 days (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Avondale (If outside city limits also write RURAL)

(d) Street No. Avondale, Arizona. Gen. Del.; (e) If foreign born, in U. S. A. ..... yrs.

3. (a) FULL NAME INF. DAU. OF MR &MRS. C. C. HODGES (b) If veteran name war ..... (c) ~~Social~~ Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased Dec. 13th, 1940 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	2	hrs. ..... min. .....

9. Birthplace ~~Phoenix~~ Buckeye, Arizona. (City, town or county) (State or Country)

10. Usual Occupation Infant

11. Industry or Business .....

Father
12. Name C. C. Hodges
13. Birthplace Missouri (City, town or county) (State or Country)

Mother
14. Maiden Name Bessie Langaton
15. Birthplace Missouri (City, town or county) (State or Country)

16. (a) Informant's own signature C. C. Hodges, father
(b) Address Gen. Del. Avondale, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 12-17-40 19

18. (a) Embalmer's Signature C. Stanley Clegg,
(b) Funeral Director A.L. Moore & Sons,
(c) Address Phoenix, Arizona.

19. (a) 12-17-40 (Date received local Registrar)
(b) James L. Johnson (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 15th, 1940; 19..... TIME (Hour and minute) 2 P. M. M.

21. I hereby certify that I attended the deceased from Dec 14/940, 19..... to Dec 15, 1940; that I last saw h. E.R. alive on Dec 15/940 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart disease — DURATION 2 days

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

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) Means of injury .....

23. Signature C. C. Barker M. D.
Address 15 [illegible] Date signed 12/16/40