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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Benson (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)

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

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

(d) Street No. ; (e) Citizen of foreign country (yes or No) If Yes, which country

3. (a) FULL NAME Luther C. Barney (b) If Veteran Name war Social Security No. Unknown (If NONE write the word)

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

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

7. Birthdate of deceased May (Month) 5 (Day) 1848 (Year)

8. AGE: Years	Months	Days	If less than one day
91	10	28	hrs. min.

9. Birthplace Unknown (City, town or county) Iowa (State or Country)

10. Usual Occupation Rancher

11. Industry or Business Own ranch

Father { 12. Name Unknown
13. Birthplace (City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown
15. Birthplace (City, town or county) (State or Country)

16. (a) Informant's own signature Edith Lewis, Sr. Soc. Worker
(b) Address Bisbee, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place St. David, Ariz (c) Date Apr. 3 1942

18. (a) Embalmer's Signature
(b) Funeral Director Family
(c) Address

19. (a) Apr. 3, 1942 (Date received local Registrar)
(b) Dora F. Reeves (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Apr 2, 1942;
TIME (Hour and minute) 11:05 A.M.

21. I hereby certify that I attended the deceased from March 1, 1942, to Apr 2, 1942; that I last saw him alive on April 1, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Obstructive jaundice

Due to: Unknown origin

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION
6 weeks

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 A. H. Shann M. D.
Address Benson Ariz Date signed Apr. 3, 1942