2785

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 565

Registrar's No. 1

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

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

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

(d) Street No. ——; (e) Citizen of foreign country (yes or No) no

If Yes, which country

3. (a) FULL NAME Earl Joseph Barnier (b) If Veteran name war [illegible] (c) Social Security No. none

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

6. (b) Name of husband or wife Marguerite Barnier | 6. (c) Age of husband or wife, if alive 34 yrs.

7. Birthdate of deceased May (Month) 22 (Day) 1901 (Year)

8. AGE: Years 41 | Months 7 | Days 13 | If less than one day hrs. min.

9. Birthplace Chippewa Falls, Wis. (City, town or county) (State or Country)

10. Usual Occupation Operates Wholesale Gasoline

11. Industry or Business

Father: 12. Name Joseph Barnier
13. Birthplace Ellett Canada (City, town or county) (State or Country)

Mother: 14. Maiden Name Anna Barbara Jax
15. Birthplace Casanovia, Wis. (City, town or county) (State or Country)

16. (a) Informant's own signature Marguerite Barnier
(b) Address Box 165 Winterhaven, Calif.

17. (a) Burial, Cremation or Removal Burial
(b) Place Desert Lawn Mem. Park (c) Date 1/7/43 19

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) January 5, 1943 (Date received local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

20M 100% Rag 8-42/B. Co. County File No. Date Received

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 4, 1943;
TIME (Hour and minute) 7:50 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1943, to Jan 4, 1943, that I last saw him alive on Jan 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION: 2 days

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 [illegible] M. D.
Address Yuma Date signed Jan 5 43