95

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 85
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

(d) Length of Stay: In Hospital or Institution ; In Community 47 years (Specify whether years, months or days) ; In Arizona 47 years

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

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

3. (a) FULL NAME ROLLO CLARK BARKER (b) If veteran name war World I (c) Social Security No. 527-18-5097 (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Delia Halsey
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased: August (Month) 12 (Day) 1896 (Year)

8. AGE: Years 46 Months 10 Days 28 If less than one day hrs. min.

9. Birthplace: Feldman (City, town or county) Arizona (State or Country)

10. Usual Occupation: Dragline Operator

11. Industry or Business:

Father
12. Name: Alexander Barker
13. Birthplace: Lockport (City, town or county) Louisiana (State or Country)

Mother
14. Maiden Name: Arcadia Lopez
15. Birthplace: (City, town or county) California (State or Country)

16. (a) Informant's own signature: Delia H. Barker wife
(b) Address: Winkelman, Ariz.

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Winkelman (c) Date: July 8 1943

18. (a) Embalmer's Signature: P. G. Sutton
(b) Funeral Director: P. G. Sutton
(c) Address: Winkelman, Arizona

19. (a) July 9 - 1943 (Date received local Registrar)
(b) P. G. Sutton (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 6th, 19 43;
TIME (Hour and minute) 8:00 A. M.

21. I hereby certify that I attended the deceased from never, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Embolism — DURATION: few minutes

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: Charles B. Heustis M.D.
Address: Hayden, Arizona Date signed July 7, 1943