

1283

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 229
Registrar's No. 1802

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Evans Rest Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 16 mos.; In Community 58 yrs.; In Arizona 58 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Buckeye
(If outside city limits also write RURAL)
(d) Street No. PO Box 1084; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____ (c) Serial No. none
3. (a) FULL NAME Mary Jane Bales (b) If Veteran name war NO

4. Sex F 5 Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Widowed
6. (c) Age of husband or wife, if alive 58 yrs.
7. Birthdate of deceased July 24, 1858 (Month) (Day) (Year)
8. AGE: Years 86 Months 3 Days 26 hrs. min.
9. Birthplace Wauyahachie, Texas (City, town or county) (State or Country)
10. Usual Occupation At home
11. Industry or Business _____

Father } 12. Name John A Barkley
13. Birthplace Tennessee (City, town or county) (State or Country)
Mother } 14. Maiden Name Grace Wilson
15. Birthplace Canada (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Kate Dale
(b) Address P. O. Box 1084, Buckeye, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Palo Verde Cem. (c) Date Nov 22 1944

18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix

19. (a) NOV 20 1944 (Date received Local Registrar)
(b) D. V. Sweet (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Nov 20 19 44
TIME (Hour and minute) 12:20 A M.
21. I hereby certify that I attended the deceased from Oct 17, 1944 to Nov 20, 1944
that I last saw her alive on Nov 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Pathology
Due to Senility
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
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 [Signature] Date signed Nov 20, 1944 M. D.
Address [Signature]