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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 491
Registrar's No. 535 E

1. Place of Death: (a) County Yavapai (b) City or Town Yarnell (If outside city limits also write RURAL) (c) Location Yarnell, Ariz. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 2 Yrs. (Specify whether years, months or days); In Arizona 5 Yrs.

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Yarnell (If outside city limits also write RURAL)
(d) Street No. Yarnell, Arizona. Rural; (e) Citizen of foreign country (Yes or No) Yes
If Yes, which country Canada

3. (a) FULL NAME Mrs. Emley Barrieau (b) If Veteran name war None (c) Social Security No. None

4. Sex Female | 5. Race White [X] Indian [ ] Negro [ ] Oriental [ ] | 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Matthew Barrieau | 6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased Sept. 5 (Month) 1860 (Day) (Year)

8. AGE: Years 85 | Months 10 | Days 1 | If less than one day hrs. ____ min. ____

9. Birthplace Carleton (City, town or county) Canada (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

Father: 12. Name Daniel Barriault
13. Birthplace Canada (City, town or county) (State or Country)

Mother: 14. Maiden Name Eloise Diotte
15. Birthplace Canada (City, town or county) (State or Country)

16. (a) Informant's own signature A. E. Hansen
(b) Address Yarnell, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott (c) Date July 9 1946

18. (a) Embalmer's Signature Lester Ruffner Jr.
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona

19. (a) July 22 1946 (Date received Local Registrar)
(b) G. D. Bassett (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 6, 1946;
TIME (Hour and minute) ____ M.

21. I hereby certify that I attended the deceased from 15 May, 1946 to 6 July, 1946
that I last saw her alive on 5 July, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arteriosclerosis

Due to ____

Other conditions ____ (Include pregnancy within three months of death)

Major findings:
Of operations ____

Of autopsy ____

DURATION 6 wks

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] M. D.
Address Prescott, Ariz. Date signed 7-17-46

40M—100% Rag—6-10-44