ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2955 1

CERTIFICATE OF DEATH

REGISTRAR'S NO. 66

BIRTH NO.

04 04 PLACE OF DEATH 19 AND 19 USUAL RESIDENCE 0201

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY: IN THIS TOWN 20 yr. IN ARIZONA 20 yrs
C. CITY OR TOWN: GLOBE — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Gila Benefit Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Globe — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 521 Euclid ave

DECEDENT PERSONAL DATA 1 1 1 48 3 553

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Alfred B. (MIDDLE) FRANK C. (LAST) Barfield

4. SEX: male **5. COLOR OR RACE:** white

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): ~~Never married~~

7. DATE OF BIRTH MONTH Mar DAY 7 YEAR 1905

8. AGE (IN YEARS LAST BIRTHDAY) 48 — IF UNDER 1 YEAR: MONTHS 2 DAYS 3 — IF UNDER 24 HRS.: HOURS X MIN. X

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): service station operator

9B. KIND OF BUSINESS OR INDUSTRY: service station

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Paradise Arizona

11. CITIZEN OF WHAT COUNTRY? U. S. A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no — (IF YES, WAR OR DATES OF SERVICE) —

13. SOCIAL SECURITY NO. 526-07-2638

14A. FATHER'S NAME: (unknown) Barfield

14B. BIRTHPLACE (STATE OR COUNTRY): (unknown)

15A. MOTHER'S MAIDEN NAME: (unknown)

15B. BIRTHPLACE (STATE OR COUNTRY): (unknown)

16. INFORMANT'S SIGNATURE: Mrs Myrtle Barfield — ADDRESS: Waterloo, Iowa

17. DATE OF DEATH (MONTH) (DAY) (YEAR): May 10-1953 at 8:55 pm

CAUSE OF DEATH (ITEM 18) 6 0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 154 X

+THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Carcinoma of rectum with metastasis — INTERVAL BETWEEN ONSET AND DEATH: About 1 year

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 2

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 13, 1952 TO MAY 10, 1953. THAT I LAST SAW THE DECEASED ALIVE ON MAY 10, 1953, AND THAT DEATH OCCURRED AT 8:55 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: R. Swackhamer (DEGREE OR TITLE) M.D.
23B. ADDRESS: Globe, Arizona
23C. DATE SIGNED: 5-11-53

FUNERAL DIRECTOR AND REGISTRAR 17 2 120

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: May 14 1953
24C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe, Arizona

25A. DATE REC'D BY LOCAL REG.: 5-18-53
25B. REGISTRAR'S SIGNATURE: Irene Wardle
26. FUNERAL DIRECTOR'S SIGNATURE: Jesse James Walker Jr. — ADDRESS: Globe Arizona
27. EMBALMER'S SIGNATURE: Jesse James Walker Jr. — CERT. NO. 4323

FORM VS 2 REV. 4-15-52