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Form 8 5-09-4m.

PLACE OF DEATH

County of Gila
District of _____
Town of Globe
or
City of _____

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

Ter. Index No. 16

County Registered No. 13

(If death occurs away from USUAL (No. Q.D. Hospital St. _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
RESIDENCE, give facts called for under "Special information.")

FULL NAME Robt Van Winkle

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
At Place of Death 3 1/2 yrs _____ mos.
In Arizona 13 yrs _____ mos.
SEX Male COLOR OR RACE White Chinese
Black Indian
Mexican
DATE OF BIRTH _____ 19____
(month) (day) (year)
AGE 35 years _____ months _____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
BIRTHPLACE (State or foreign country) Texas
OCCUPATION Cattlemen
NAME OF FATHER Gas. Van Winkle
BIRTHPLACE OF FATHER (State or foreign country) _____
MAIDEN NAME OF MOTHER _____
BIRTHPLACE OF MOTHER (State or foreign county) Texas

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant) Mrs. Robt. Van Winkle
(Address) Globe Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1909
(month) (day) (year)

I hereby certify, That I attended deceased from June 23rd 1909 to June 26th 1909
that I last saw him alive on June 26th 1909
and that death occurred on the date stated above at 7 a.m.
The DISEASE or INJURY causing DEATH was as follows;
Appendicitis

Where contracted _____ Duration 6 days
Contributing cause (if any) Peritonitis
Where contracted _____ Duration _____
(Signed) C. B. Canby M.D.
1909 Address Globe Ariz

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
Former or Usual residence Miami Fla How long at 7 Days
Place of burial or removal Globe Date of burial or removal 7/28 1909

Undertaker J. L. Jones Address Globe Ariz

Filed June 27, 1909 B.G. Jap W.D.
Filed July 1, 1909 B.G. Jap W.D.
Local Register
County Register

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.