

2425

PLACE OF DEATH

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

322

COUNTY _____

DISTRICT _____

TOWN _____

OR CITY _____

TERRITORIAL INDEX NO. _____

COUNTY REGISTERED NO. 817

NO. 5 miles N W ST. LOCAL REGISTRAR'S NO. 1535

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME John Samuel Gordon

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR or RACE White SINGLE MARRIED WIDOWED DIVORCED

DATE OF BIRTH Oct 9 1849

AGE 63 yrs. mos. days hrs., or min.

OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Stockman

BIRTHPLACE (State or country) Mo

NAME OF FATHER Patrick H Gordon

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Eliza Potate

BIRTHPLACE OF MOTHER (State or country) Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Francis Holloway (Address) _____

PLACE OF BURIAL OR REMOVAL Mrsd DATE OF BURIAL OR REMOVAL Dec 18 1911

UNDERTAKER Mrsd M Sullivan ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1911

I hereby certify, that I attended deceased from June 1910 to Dec 1911; that I last saw him alive on Dec 10 1911 and that death occurred on the date stated above at 3:30 P.M. The DISEASE or INJURY causing Death was as follows: Tuberculosis

(Duration) 2 yrs. 6 mos. 20 days

Was disease contracted in Arizona? Yes

CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days

(Signed) J. M. ... M. D. 1911 (Address) _____

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona 29 yrs. _____ mos. _____ ds.

Former or Usual Residence Cuba

Filed Dec. 13 1911 Wm J. Sargent Local Registrar Filed Jan 8 1912 H. H. Hughes County Registrar.

INCORRECT CERTIFICATES WILL BE RETURNED FOR COLLECTION.