

2868

Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
COUNTY OF ~~Maricopa~~ Apache
DISTRICT OF ~~Phoenix~~ St. Johns
TOWN
OR CITY OF ~~Phoenix~~

TERRITORIAL INDEX NO. 290 288
COUNTY REGISTERED NO. 14

NO. _____ ST. LOCAL REGISTRAR'S NO. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Gabriel Garcia

PERSONAL AND STATISTICAL PARTICULARS.

SEX <u>Male</u>	COLOR or RACE White Black Mexican <u>Indian</u> <u>Chinese</u>	SINGLE MARRIED WIDOWED DIVORCED
DATE OF BIRTH <u>Unknown</u> <u>1850</u> (Month) (Day) (Year)	AGE <u>62</u> 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) <u>Laborer</u>		
BIRTHPLACE (State or country) <u>New Mex</u>		
NAME OF FATHER <u>Jose Gregorio Garcia</u>	BIRTHPLACE OF FATHER (State or country) <u>New Mex</u>	
MAIDEN NAME OF MOTHER <u>Patra Gonzales</u>	BIRTHPLACE OF MOTHER (State or country) <u>New Mex</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mameo Garcia</u> (Address) <u>St. Johns, Ariz</u>		
PLACE OF BURIAL OR REMOVAL <u>St. Johns</u>	DATE OF BURIAL OR REMOVAL <u>Feb 8</u> 19 <u>12</u>	
UNDERTAKER <u>Neighbors</u>	ADDRESS <u>St. Johns.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1912
(Month) (Day) (Year)

I hereby certify that I attended deceased from Feb 3d 1912 to Feb 6th 1912; that I last saw him alive on Feb 6 1912 and that death occurred on the date stated above at 9:00 A.M. The DISEASE or INJURY causing Death was as follows:
Intestinal Obstruction
(Duration) — yrs. — mos. 3 days

Was disease contracted in Arizona? yes

If not where?
CONTRIBUTORY Myocarditis
(Duration) — yrs. — mos. — days

(Signed) A.S. Roberts & J. Boulden, M. D.
Feb 6, 1912 (Address) St. Johns, Ariz

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

LENGTH OF RESIDENCE
At place of death 34 yrs. — mos. — ds. In Arizona 34 yrs. — mos. — ds.

Former or Usual Residence
Filed Feb 6th 1912 J. Boulden Local Registrar.
Filed March 19 1912 A.S. Roberts County Registrar.

PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. Make every effort possible to obtain this information. If any item not obtained insert the word "unknown". Incorrect certificates will be returned for correction.