1852

WRITE PLAINLY, WITH UNFADING INK. 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 word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 112

County Registered No. 212

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County: Gila

District:

Town Or City: Globe

No. Gibson Dairy on Kelvin Road

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

FULL NAME Mary Catherine Gibson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: (White) Black Indian Chinese Mexican

(SINGLE) MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Dec (Month) 10 (Day) 1916 (Year)

AGE: — yrs. 7 mos. 6 days. If less than 1 day: 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):

BIRTHPLACE (State or country): Globe

PARENTS
NAME OF FATHER: J. J. Gibson
BIRTHPLACE OF FATHER (State or country): Texas
MAIDEN NAME OF MOTHER: Allie Lee
BIRTHPLACE OF MOTHER (State or country): Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Gibson

(Address): Globe

PLACE OF BURIAL ~~OR REMOVAL~~: Globe

DATE OF BURIAL ~~OR REMOVAL~~: July 16 1917

UNDERTAKER: F. C. Jones & Son

ADDRESS: Globe

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1917 (Year)

I hereby certify, that I attended deceased from July 1 1917 to July 16 1917; that I last saw h.. alive on July 15 1917, and that death occurred on the date stated above at 4:30 a.m. The DISEASE or INJURY causing death was as follows:

Malnutrition

(Duration) yrs. 5 mos. days.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Congenital heart lesion
Enlarged Thymus (Duration) yrs. Life mos. days.

(Signed) W. W. Hurst M.D.

July 18 1917 (Address) Globe 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 yrs. 7 mos. 6 ds. In Arizona yrs. 7 mos. 6 ds.

Former or Usual Residence

Filed July 16 1917 B G Fox
Local Registrar

Filed July 6 1917 B G Fox
County Registrar