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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.

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Gila State Index No. 516
District _____ County Registered No. 38
Town Globe Local Registrar's No. _____
Or City _____

ORIGINAL CERTIFICATE OF DEATH

No. P. Bone Street Near Round St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Infant Son Mrs. Mrs. J. Gibson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>July 11</u> 191 <u>8</u> (Month) (Day) (Year)	
DATE OF BIRTH ____ 191____ (Month) (Day) (Year)			I hereby certify, that I attended deceased from _____ 191____ to _____ 191____; that I last saw h_____ alive on _____ 191____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows <u>Struck</u> _____ (Duration) _____ yrs _____ mos _____ days Was disease contracted in Arizona? _____ If not, where? _____ CONTRIBUTORY (Signed) <u>J. H. Hales</u> _____ 191____ (Address)	
AGE ____ yrs _____ mos _____ days hrs., or _____ min. If less than 1 day _____				
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____			*In death 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 _____ yrs _____ mos _____ ds. Former or Usual Residence _____ Filed <u>July 18 1918</u> <u>B. G. Fox</u> Local Registrar Filed <u>Nov 5 1918</u> <u>B. G. Fox</u> County Registrar	
BIRTHPLACE (State or country) <u>Globe Ariz</u>				
PARENTS NAME OF FATHER <u>James L. Gibson</u> BIRTHPLACE OF FATHER (State or Country) <u>Texas</u> MAIDEN NAME OF MOTHER <u>Sabel Stoltz</u> BIRTHPLACE OF MOTHER (State or Country) <u>Kansas</u>				
The Above Is True to the Best of My Knowledge (Informant) <u>J. L. Gibson</u> (Address) <u>Globe Ariz</u>				
PLACE OF BURIAL OR REMOVAL <u>Globe</u>		DATE OF BURIAL OR REMOVAL <u>July 13 1918</u>		
UNDERTAKER <u>Ed James Son</u>		ADDRESS <u>Globe Ariz</u>		