

1371

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.

PLACE OF DEATH

County Maricopa  
District \_\_\_\_\_  
Town \_\_\_\_\_  
Or City Phoenix

ARIZONA STATE BOARD OF HEALTH

143

BUREAU OF VITAL STATISTICS

State Index No. 569

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 4312

Local Registrar's No. 0112

No. Arizona Deaconess Hospital St.  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Moses Gibson

PERSONAL AND STATISTICAL PARTICULARS

|  |  |  |
|--|--|--|
| SEX  | Color or Race  | SINGLE **                                    |
| Male   | **White Indian<br>Black Chinese<br>Mexican             | MARRIED<br>WIDOWED<br>or DIVORCED            |
| DATE OF BIRTH  |  |  |
| (Month) _____ (Day) _____  |  | 191 _____ (Year)                             |
| AGE  |  |  |
| 43 yrs. _____ mos. _____ days  |  | If less than 1 day _____ hrs., or _____ min. |
| OCCUPATION   |  |  |
| (a) Trade, profession or particular kind of work <u>Rancher</u>                                  |  |  |
| (b) General nature of industry, business, or establishment in which employed or (employer) _____ |  |  |
| BIRTHPLACE (State or country) <u>Utah</u>  |  |  |
| PARENTS  | NAME OF FATHER <u>M Gilmore</u>                        |  |
|  | BIRTHPLACE OF FATHER (State or country) <u>Georgia</u> |  |
|  | MAIDEN NAME OF MOTHER <u>E. Martindale</u>             |  |
|  | BIRTHPLACE OF MOTHER (State or country) <u>Georgia</u> |  |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Deaconess Hospital  
(Address) City

PLACE OF BURIAL OR REMOVAL Forest Lawn Cemetery DATE OF BURIAL OR REMOVAL 2/9/18 191 \_\_\_\_\_

UNDERTAKER J. F. Whitney ADDRESS City

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5th 1918  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from \_\_\_\_\_ 191 \_\_\_\_\_ to \_\_\_\_\_ 191 \_\_\_\_\_; that I last saw him alive on \_\_\_\_\_ 191 \_\_\_\_\_, and that death occurred on the date stated above at 11:00AM. The DISEASE or INJURY causing death was as follows:

Sarcema of leg  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? no  
If not, where? Utah

CONTRIBUTORY \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) A. B. Nichols  
2/8/18 191 \_\_\_\_\_ (Address) City

\*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. 1 ds. In Arizona 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence Utah

Filed Feb. 9 1918 M. K. Brown

Filed March 7 1918 A. B. Nichols  
Local Registrar  
County Registrar