355

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 351

County Registered No. 574

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Gila

District

Town Or City Globe

No. East Globe Emergency Hospital St.

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

FULL NAME Mrs. J. L. Gibson

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Nov 2 1889 (Month) (Day) (Year)

AGE: 29 yrs. mos. 9 days. If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): [illegible]

PARENTS
NAME OF FATHER: Chas Stoolfire
BIRTHPLACE OF FATHER (State or Country): Unknown
MAIDEN NAME OF MOTHER: Helen Jones
BIRTHPLACE OF MOTHER (State or Country): Wales

The Above Is True to the Best of My Knowledge
(Informant) Gibson
(Address) Globe 14

PLACE OF BURIAL ~~OR REMOVAL~~: Globe Ariz

DATE OF BURIAL ~~OR REMOVAL~~: Nov 14 1918

UNDERTAKER: F. L. Jones & Son

ADDRESS: Globe Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 11th 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Nov 7 1918 to Nov 11 1918; that I last saw her alive on Nov 10 1918, and that death occurred on the date stated above at 2-a M. The DISEASE or INJURY causing Death was as follows: Influenza-Pneumonia

(Duration) yrs. mos. 7 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) T. J. Wolf

Nov 12 1918 (Address) Globe

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 12 yrs. mos. ds. In Arizona 12 yrs. mos. ds.

Former or Usual Residence

Filed Nov 14 1918 B. G. Fox
Local Registrar

Filed Dec 12 1918 B. G. Fox
County Registrar

(168)