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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		<b>ARIZONA STATE BOARD OF HEALTH</b>	
County <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	
District _____		State Index - - No. <u>223</u>	
Town _____		County Registered No. <u>7508</u>	
Or City <u>Phoenix</u>		Local Registrar's No. <u>8347</u>	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>21 North Central Ave.</u> St.			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>James M. Gavin,</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race * White Indian Black Chinese Mexican	DATE OF DEATH <u>November 26th. 1919.</u> 19__	
	SINGLE * MARRIED WIDOWED or DIVORCED	(Month) (Day) (Year)	
DATE OF BIRTH <u>May 12th. 1984</u> 19__		I hereby certify that I attended deceased from <u>Nov. 26,</u>	
(Month) (Day) (Year)		<u>1919</u> to <u>Nov. 26, 1919</u> ; that I last saw him alive	
AGE <u>35</u> yrs. _____ mos. _____ days	If less than 1 day _____ hrs., or _____ min.	on <u>Nov. 26, 1919</u> , and that death occurred on the date	
OCCUPATION (a) Trade, profession or particular kind of work <u>state highway const.</u>		stated above at <u>1 P. M.</u> The DISEASE or INJURY causing	
(b) General nature of industry, business, or establishment in which employed or (employer) _____		death was as follows: <u>Acute dilatation of heart</u>	
BIRTHPLACE (State or country) <u>Texas</u>		_____ (Duration) _____ yrs. _____ mos. _____ l. days	
NAME OF FATHER <u>unknown</u>		Was disease contracted in Arizona? _____	
BIRTHPLACE OF FATHER (State or country) _____		If not, where? _____	
MAIDEN NAME OF MOTHER "		CONTRIBUTORY <u>Rheumatism + valvular</u>	
BIRTHPLACE OF MOTHER (State or country) _____		_____ (Duration) _____ yrs. _____ mos. _____ days	
PARENTS		(Signed) <u>H. R. Pearson</u>	
The Above is True to the Best of My Knowledge		<u>Dec. 1. 1919</u> (Address) <u>Phoenix, Ariz.</u>	
(Informant) _____		*In death from violent causes state (1) Means of Injury and	
(Address) _____		(2) whether Accidental, Suicidal, or Homicidal.	
PLACE OF BURIAL OR REMOVAL <u>Greenwood Cemetery,</u>		LENGTH OF RESIDENCE	
DATE OF BURIAL OR REMOVAL <u>12-3-19</u> 19__		At place of death _____ yrs. _____ mos. _____ ds. In Ariz. <u>5</u> yrs. _____ mos. _____ ds.	
UNDERTAKER <u>J.T. Whitney, City.</u>		Former or Usual Residence <u>Texas</u>	
ADDRESS _____		Filed <u>12-3-19</u> <u>H. R. Pearson</u>	
		Local Registrar.	
		Filed <u>12-16</u> 1919 <u>H. R. Pearson</u>	
		County Registrar.	