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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 290
County Registered No. 50
Local Registrar's No. 2

PLACE OF DEATH

County Navajo
District
Town Or City Taylor

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

FULL NAME Pearl A Gibbons

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: April 28 1881 (Month) (Day) (Year)

AGE: 40 yrs. 11 mos 19 days | If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): St Johns Ariz

PARENTS
NAME OF FATHER: M H Peterson
BIRTHPLACE OF FATHER (State or country): Denmark
MAIDEN NAME OF MOTHER: c
BIRTHPLACE OF MOTHER (State or country):

The Above Is True to the Best of My Knowledge
(Informant) .....
(Address) .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL
St Johns Ariz	April 19 1922
UNDERTAKER	ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 17, 1922 (Month) (Day) (Year)

I hereby certify, that I attended deceased from April 15 1922 to April 17 1922; that I last saw h..... alive on April 17 1922, and that death occurred on the date stated above at 6 P.M. The DISEASE or INJURY causing Death was as follows: Heart Trouble enlargement & leakage life time 2 years

(Duration) ..... yrs ..... mos ..... days

Was disease contracted in Arizona? yes

If not, where? .....

CONTRIBUTORY .....

(Duration) ..... yrs ..... mos ..... days

(Signed) Husband H Mable Hancock

191..... (Address) Taylor

*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 St Johns Ariz

Filed May 1 1922 Eliza Wakefield
Local Registrar.

Filed May 5 1922 E M Ratchmer Deputy
County Registrar.

Any statement or statements not stated EXACTLY. PHYSICIANS should state a 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.