1882

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 127
County Registrar's - No. 60
Local Registrar's - No.

PLACE OF DEATH

1. County Gunlee
District Duncan
Town or City Duncan No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Gilford Ratteffe Chapman

(a) Residence. No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: white
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy Jane Chapman

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 76 | Months 8 | Days 4 | IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stock raising
(b) General nature of industry, business or establishment in which employed (or employer): and Farming
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Ark

PARENTS

10. NAME OF FATHER: James Chapman
11. BIRTHPLACE OF FATHER (State or country): Ill (city or town)
12. MAIDEN NAME OF MOTHER: Salinda Stewart
13. BIRTHPLACE OF MOTHER (State or country): Ill (city or town)

14. Informant (Address): Tim Chapman Sheldon Ariz

15. Filed Oct 1, 1923 ..... Local Registrar.
Filed Oct. 8, 1923 J. B. [illegible] County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Sept 18 1923

17. I HEREBY CERTIFY, That I attended deceased from June 10th, 1923 to Sept 17th, 1923
that I last saw him alive on Sept 17th, 1923
and that death occurred, on the date stated above, at 8.30 A.m.
The CAUSE OF DEATH* was as follows:
Acute dilatation of Heart following Chronic Myocarditis with Valvular (Tricuspid) Lesion
Time of Death indefinite (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? no

(Signed) J. H. Briley, M. D.
1923 (Address) Duncan Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Sheldon Ariz
DATE OF BURIAL: Sept 19th 1923

20. UNDERTAKER: none
ADDRESS