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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.

PLACE OF DEATH  
1. County Maricopa  
District M 3  
Town or City Mesa  
ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF DEATH  
State Index - - - No. 102  
County Registrar's - No. 4  
Local Registrar's - No. 162

2. FULL NAME Richard Gibbons  
(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 10 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 WIDOWED  
(Write the word)  
5a. If married, widowed or divorced HUSBAND of Clara Gibbons (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year) Oct 22-1857  
7. AGE Years 66 Months 2 Days 10 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_ (c) Name of employer \_\_\_\_\_  
9. BIRTHPLACE (city or town) (State or country) Ohio  
10. NAME OF FATHER Andrew J. Gibbons  
11. BIRTHPLACE OF FATHER (State or country) Ohio  
12. MAIDEN NAME OF MOTHER Rizzah Knight  
13. BIRTHPLACE OF MOTHER (State or country) Ohio  
14. Informant (Address) M. J. Gibbons Mesa  
15. Filed 1-2 1924 H. J. McNeill Local Registrar  
V. S. No. 1 \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

MEDICAL CERTIFICATE OF DEATH  
16. DATE OF DEATH (month, day, and year) Jan 1 1923  
17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1923 to Jan 1 1923 that I last saw him alive on Jan 1 1923 and that death occurred, on the date stated above, at 8:20 a. m. The CAUSE OF DEATH\* was as follows: Acute Asthma  
(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? \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) E. J. O'Sullivan M. D.  
\* 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 Mesa Cemetery DATE OF BURIAL 1-3 1924  
20. UNDERTAKER Mrs. A. Beerton ADDRESS Mesa