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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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. County Maricopa
District _____

State Index - - - No. 189
County Registrar's - No. 1183
Local Registrar's - No. 33

ORIGINAL CERTIFICATE OF DEATH

Town or City Wickenburg Ariz No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Margaret Elizabeth Gobble
(a) Residence. No. Wickenburg Arizona St. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

16. DATE OF DEATH (month, day, and year) 7/14 1924

5a. If married, widowed, or divorced Married
(or) WIFE of H. T. Gobble

17. I HEREBY CERTIFY, That I attended deceased from July 6 1924 to July 14 1924
that I last saw her alive on July 14 1924
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH was as follows:
Typhoid Fever

6. DATE OF BIRTH (month, day and year) _____
7. AGE Years Months Days IF LESS than 1 day hrs. or min.
22 7 20

(duration) yrs. mos. 14 ds.
CONTRIBUTORY Abortion
(Secondary) (duration) yrs. mos. 4 ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) Self
(c) Name of employer _____

18. Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of X
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed J. A. Capelard M. D. 19 Wickenburg (Address) _____)

9. BIRTHPLACE (city or town) St. David
(State or country) Arizona

* 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.)

10. NAME OF FATHER John H. Sabine

11. BIRTHPLACE OF FATHER Salem
(State or country) Utah

12. MAIDEN NAME OF MOTHER Phant Sabine

13. BIRTHPLACE OF MOTHER St. David Utah
(State or country) Arizona Utah

14. Informant (Address) Her sister

19. PLACE OF BURIAL, CREMATION OR REMOVAL Wickenburg, Ariz DATE OF BURIAL 7/15 1924

15. Filed 7/16 1924 J. A. Capelard Local Registrar.
Filed JUL 17 1924 _____ County Registrar.

20. UNDERTAKER Free Undertaking Co ADDRESS Wickenburg Ariz

V. S. No. 1 _____