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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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 214
County Registrar's - No.
Local Registrar's - No. 326

PLACE OF DEATH

1. County MARICOPA
District
Town or City PHOENIX No. ST JOSEPH HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME JOHN A. GIDDENS
(a) Residence. No. WICKENBURG ARIZ 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. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) MAR 3 1894

7. AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work LABORER
(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) MO.

PARENTS

10. NAME OF FATHER G.W. GIDDENS
11. BIRTHPLACE OF FATHER (city or town)
(State or country) MO.
12. MAIDEN NAME OF MOTHER McELROY
13. BIRTHPLACE OF MOTHER TEXAS (city or town)
(State or country)

14. Informant RAY GIDDENS
(Address) WICKENBURG ARIZ

15. Filed 7-15, 1925 M. O. Sweek M.D. Local Registrar.
Filed ..., 19 per NM County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 7-12 1925

17. I HEREBY CERTIFY, That I attended deceased from 7-10, 1925 to 7-12, 1925
that I last saw him alive on 7-12, 1925
and that death occurred, on the date stated above, at 8 P.m.
The CAUSE OF DEATH* was as follows:
General Peritonitis
(duration) ... yrs. ... mos. 4 ds.
CONTRIBUTORY (Secondary) Gangrenous appendicitis
(duration) ... yrs. ... mos. 4 ds.

18. Where was disease contracted if not at place of death? Wickenburg Ariz
Did an operation precede death? yes Date of 7-10-25
Was there an autopsy? no
What test confirmed diagnosis?
(Signed Ann Linthill, M. D.
7-15 1925 (Address) Phoenix

* 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	DATE OF BURIAL
WICKENBURG ARIZ	7-16 1925
20. UNDERTAKER	ADDRESS
J T WHITNEY	PHOENIX