

606

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Globe State Arizona State File No. 90  
District or Township Globe or Village Globe Registered No. 78  
City Globe No. 4 St. Globe Ward Globe

2. FULL NAME Jesuita Gamble  
(a) Residence No. Globe (Usual place of abode) St. Globe Ward Clifton, Arizona  
Length of residence in city or town where death occurred 7 yrs. 0 mos. 7 ds. How long in U. S. if of foreign birth 7 yrs. 0 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day and year) 12/25/1863

7. AGE 63 Years Months - Days - IF LESS than 1 day - hrs. - or - min.

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).  
(c) Name of employer

9. BIRTHPLACE (city or town) Mexico  
(State or country)

10. NAME OF FATHER Praulio Cordova  
(city or town)

11. BIRTHPLACE OF FATHER Mexico  
(State or country)

12. MAIDEN NAME OF MOTHER Antonia Maria Pacheco  
(city or town)

13. BIRTHPLACE OF MOTHER Mexico  
(State or country)

14. Informant Geo. D. Gamble  
(Address) Clifton, Arizona

15. Filed 7-31-26 H. M. Post  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 25 1926

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1926 to July 25, 1926  
that I last saw her alive on July 25, 1926  
and that death occurred, on the date stated above, at 11:45 A. M.  
The CAUSE OF DEATH\* was as follows:  
Mitral regurgitation -  
Broken compensation  
(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORS (Secondary) 90  
(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted Clifton, Ariz.  
if not at place of death?  
Did an operation precede death? no Date of July 25 1926  
Was there an autopsy? no  
What test confirmed diagnosis? Clinical Exam  
(Signed) C. W. Adams M. D.  
July 25 1926 (Address) Globe, Ariz.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Clifton, Arizona DATE OF BURIAL Shift.  
July 26 1926

20. UNDERTAKER Jones Funeral Home, ADDRESS Globe, Ariz.

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.

W. H. Jones, Mgr.