

1086

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

1. PLACE OF DEATH
County Pella Globe State Arizona
City Globe No. 1st + Mesquite
2. FULL NAME Joseph L. Gebhardt
(a) Residence No. 1st + Mesquite
Length of residence in city or town where death occurred 6 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day and year) 12/14/1852

7. AGE Years 73 Months - Days - IF LESS than 1 day - hrs. or min.

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

9. BIRTHPLACE (city or town) Pella Iowa (State or country)

10. NAME OF FATHER John L. Robinson

11. BIRTHPLACE OF FATHER (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Emily Carson

13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant Mrs. J. B. Childs (Address) Globe, Arizona

15. Filed 8/31/26 N. W. Forest Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 8/11 1926

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1926 to Aug. 11, 1926 that I last saw her alive on Aug. 10, 1926 and that death occurred, on the date stated above, at 2:20 A. M. The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 2 yrs. mos. ds. CONTRIBUTORY Arterio-sclerosis

(Secondary) (duration) 10 yrs. mos. ds.

18. Where was disease contracted at home If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical + laboratory examination (Signed) T. C. Harper M. D. (Address) Globe, 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Globe Masonic Cemetery DATE OF BURIAL 8/13/26

20. UNDERTAKER James Funeral Home ADDRESS Fred H. Jones, Mgr. Globe, Arizona

MARGIN RESERVED FOR BINDING. 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.