

1482

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.

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

1. PLACE OF DEATH
 County Cochise State Arizona State File No. 34
 District or Township Douglas or Village _____ Registered No. _____
 City Douglas No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Annie Edith Gibbons
 (a) Residence. No. 1445- C Ave. St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day and year) _____

7. AGE Years 37 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) (State or country) California

10. NAME OF FATHER John Work

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

12. MAIDEN NAME OF MOTHER Margarete Bruce

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

14. Informant Walter Gibbons
 (Address) 1445- C Ave Douglas.

15. Filed 9-22-26 Blawie Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 9-21-26 1926

17. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1926 to Sept. 21, 1926, that I last saw her alive on Sept. 21, 1926 and that death occurred, on the date stated above, at 12:40AM
 The CAUSE OF DEATH* was as follows:
Bronchiectasis
 _____ (duration) 4 yrs. mos. ds.
CONTRIBUTORY Broncho-Pneumonia
 (Secondary) _____ (duration) _____ yrs. mos. 12 ds.

18. Where was disease contracted If not at place of death? _____
 Did an operation precede death? No. Date of _____
 Was there an autopsy? No.
 What test confirmed diagnosis? Clinical & Laboratory
 (Signed) P. P. Balliet
Sept. 23, 1926. (Address) Douglas Ariz.

* 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 Douglas, Arizona DATE OF BURIAL 9-23-26

20. UNDERTAKER Porter & Ames ADDRESS Douglas A.