

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

1. PLACE OF DEATH County: Cochise State: Arizona District or Township: Douglas City: Gabe Gardner (a) Residence No.: Benson Ariz Length of residence in city or town where death occurred: yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR or RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single

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

6. DATE OF BIRTH (month, day and year) 7. AGE: 28 Years Months Days IF LESS than 1 day or min.

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

9. BIRTHPLACE (city or town) Douglas (State or country) Arizona

10. NAME OF FATHER: M. E. Gardner

11. BIRTHPLACE OF FATHER (State or country) Texas

12. MAIDEN NAME OF MOTHER: Carrie Eckles

13. BIRTHPLACE OF MOTHER (State or country) Texas

14. Informant: Harvey Gardner (Address) Benson Ariz

15. Filed: 3/8 1929 Registrar: J. G. Russell

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3-6-29 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1929 to March 6, 1929, that I last saw him alive on March 6, 1929, and that death occurred, on the date stated above, at 11 A. M.

THE CAUSE OF DEATH* was as follows: Meningitis tuberculous secondary to chronic pulmonary tuberculosis (duration) yrs. mos. ds.

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

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical (Signed) C. W. Anderson, M. D. Mar 8 1929 (Address) Douglas

* 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 DATE OF BURIAL: 3-8-29

20. UNDERTAKER: Porter & Ames ADDRESS: Douglas

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.