

MARGIN RESERVED FOR BINDING. 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.

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

1. PLACE OF DEATH
 County Apache State Ariz Local Registrar's No. 2
 District or Township St Johns or Village St Johns or Ward
 City St Johns No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number).
 2. FULL NAME Andrew Vincent Gibbons
 (a) Residence, No. _____ 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 49 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. married
 (Write the word).
 6a. If married, widowed, or divorced
 HUSBAND of Elizabeth Norris Gibbons
 (or) WIFE of
 6. DATE OF BIRTH (month, day and year) Apr 3 1849
 7. AGE Years Months Days IF LESS than 1 day
82 9 9 day _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farming & Gardening
 (b) General nature of industry, business or establishment in which employed (or employer) 45 yrs till death
 (c) Name of employer
 9. BIRTHPLACE (city or town) Kearsville, Utah
 (State or country) Utah
 10. NAME OF FATHER Andrew S Gibbons
 11. BIRTHPLACE OF FATHER Union
 (State or country) Ohio
 12. MAIDEN NAME OF MOTHER Rizpah Knight
 13. BIRTHPLACE OF MOTHER Perryburg
 (State or country) New York
 14. Informant L-R Gibbons
 (Address) St Johns Ariz
 15. Filed Feb 1, 1932 Corinne Cowley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 12 1932
 Month Day Year
 17. I HEREBY CERTIFY, That I attended deceased from 1916, 1916 to 1932, 1932 that I last saw him alive on Jan 12, 1932 and that death occurred, on the date stated above, at 12 P M. The CAUSE OF DEATH was as follows:
Arterio Sclerosis in 1916
Cerebral Apoplexy Apr-1923
Cerebral Apoplexy Jan 12-32 death
 (duration) _____ yrs. mos. ds.
 CONTRIBUTOR (Secondary) Age - 82
 (duration) _____ yrs. mos. ds.
 18. When 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? Symptomatic
 (Signed) D. J. Baubee, M. D.
Jan 12 1932 (Address) St Johns 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 St Johns Ariz DATE OF BURIAL Jan 14-32
 20. UNDERTAKER Neighbors ADDRESS St Johns