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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.

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

1. PLACE OF DEATH
County Cochise State Arizona Local Registrar's No. 2
District or Township _____ No. _____ St. _____ Ward _____
City Benson (If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME Joseph A. Gunn
(a) Residence, No. _____ (Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred 20 yrs. 4 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
6a. If married, widowed, or divorced HUSBAND of Mary H. Gunn (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Jan. 20, 1861
7. AGE Years 72 Months ✓ Days 20 IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business or establishment in which employed (or employer) Water Pumps and Engines etc.
(c) Name of employer Rumbold-Krough Pump Co.
9. BIRTHPLACE (city or town) Frost Skottland (State or country) _____
10. NAME OF FATHER Benjamin Gunn
11. BIRTHPLACE OF FATHER Illinois (city or town) _____ (State or country) _____
12. MAIDEN NAME OF MOTHER Martha Goff
13. BIRTHPLACE OF MOTHER Unknown (city or town) _____ (State or country) _____
14. Informant Mrs. Abbie Gunn (Address) Benson, Ariz.
15. Filed Feb. 10, 1933 Richard S. Yelton Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH Feb. 8th, 1933
17. I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1932 to Feb. 8th, 1933 that I last saw him alive on Feb. 8, 1933 and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH was as follows: Valvular heart disease - Aortic, mitral valve
CONTRIBUTORY (Secondary) Alveolar pneumonia - terminal (duration) 12 mos. 3 wks.
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 (Signed) Robert L. Kirkwood, M. D. (Address) Benson, Ariz.
Feb. 8, 1933
* 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 Cemetery Benson - Ariz.
20. UNDERTAKER Family Burial
DATE OF BURIAL Feb. 8, 1933
ADDRESS Benson, Ariz.