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Dr. Truman

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 91

Registered No. 157

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Maricopa State Arizona

Township ____ or Village ____ Ward

City Mesa No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 34 yrs. 9 mos. -- ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Gertrude Eleitha Gordon

(a) Residence: No. Mesa, Arizona St., ____ Ward. ____ (If nonresident give city or town and State)

(Usual place of abode)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Cecil A. Gordon

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1899

7. AGE Years 34 Months 9 Days 0 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation 13 yr.

12. BIRTHPLACE (city or town) (state or country) Mesa, Arizona

FATHER

13. NAME W. A. Riggs

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Rintha Shachan

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) Cecil A. Gordon Mesa, Arizona

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mesa, Arizona Date 11-18-1933

19. UNDERTAKER (Address) Meldrum Mortuary Mesa, Arizona

20. Filed Nov. 18, 1933 Jos Meldrum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933, to Nov 16, 1933

I last saw her alive on Nov 16, 1933, death is said to have occurred on the date stated above, at 6:30 m. A. M.

The principal cause of death and related causes of importance were as follows: Lobar Pneumonia

Date of Onset 11-9-33

Other contributory causes of importance: Birth of baby 11-10-33

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Geo. C. Truman, M. D.

(Address) Mesa, Arizona

Back of Certificate to be used for any additional Information

5M 2-8-33 MS-47971

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.