

2791

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.

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

1. PLACE OF DEATH
 County Maricopa State Arizona
 Township _____ or Village _____
 City Mesa No. _____ or _____
 (If death occurred in a hospital or institution, give the NAME instead of street and number) Ward _____
 Length of residence in city or town where death occurred 6 yrs 0 mos 2 ds. How long in U. S. of foreign birth _____ yrs _____ mos _____ ds.

2. FULL NAME James Alma Gordon
 How long in state when death occurred _____ yrs _____ mos _____ ds.
 (a) Residence: No. Mesa, Arizona St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Child</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Nov. 10, 1933</u>		
7. AGE Years _____ Months <u>6</u> Days <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Mesa, Arizona</u> (state or country)		
13. NAME <u>Cecil A. Gordon</u>		
14. BIRTHPLACE (city or town) <u>Rector, Ark.</u> (State or country)		
15. MAIDEN NAME <u>G. E. Riggs</u>		
16. BIRTHPLACE (city or town) <u>Mesa, Arizona</u> (State or country)		
17. INFORMANT <u>Cecil A. Gordon</u> (Address) <u>Mesa, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa, Arizona</u> Date <u>May 13, 1934</u>		
19. UNDERTAKER <u>Mellrum Mortuary</u> (Address) <u>Mesa, Arizona</u>		
20. Filed <u>May 12, 1934</u> <u>C. A. Donaldson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____
 I last saw him Not seen alive _____, 19____; death is said to have occurred on the date stated above, at 6.15 A. M.
 The principal cause of death and related causes of importance were as follows:
Cause unknown
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) C. A. Donaldson M. D.
 Address _____ Co. Phys

5M 2-8-33 MS-4771 Back of Certificate to be used for any additional information