

1951

### STANDARD CERTIFICATE OF DEATH

55

1. PLACE OF DEATH  
 County Cochise State ARIZONA Registered No. 194  
 Township Douglas or Village \_\_\_\_\_  
 City Douglas No. 2007 C Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 yrs. 10 mos. 16 ds. How long in U.S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 2. FULL NAME Walter Thomas Gibbons Jr Ariz 10 mos 16 ds.  
 (a) Residence: No. 2007 C Avenue, Douglas, Arizona 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>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>12-15-33</u>		
7. AGE	Years	Months
		<u>10</u>
	Days	<u>16</u>
	If LESS than 1 day, ___ hrs. or ___ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</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>Douglas</u> (state or country) <u>Arizona</u>		
13. NAME <u>Walter Gibbons Jr</u>		
14. BIRTHPLACE (city or town) <u>Holtan</u> (State or country) <u>NORWAY</u>		
15. MAIDEN NAME <u>Pearl Lay</u>		
16. BIRTHPLACE (city or town) <u>Lorenzo</u> (State or country) <u>Texas</u>		
17. INFORMANT <u>Walter Gibbons</u> (Address) <u>Douglas, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas, Arizona</u> Date <u>11-2</u> , 19 <u>34</u>		
19. UNDERTAKER <u>Porter S. Ames</u> (Address) <u>Douglas</u>		
20. Filed <u>Oct. 31</u> , 19 <u>34</u> <u>E. W. Williamson</u> Registrar.		

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-31-34, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934, to Oct 30, 1934  
 I last saw him alive on Oct 30, 1934; death is said to have occurred on the date stated above, at 1-20 AM.  
 The principal cause of death and related causes of importance were as follows:  
Diarrhea & Enteritis Date of Onset Oct 11/1934  
 Other contributory causes of importance:  
None  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) E. St. Owen M. D.  
 (Address) Douglas, Ariz

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.