

4039

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. **404** ✓

STANDARD CERTIFICATE OF DEATH

COUNTY PIMA STATE ARIZONA REGISTERED NO. 37

TOWNSHIP _____ OR VILLAGE _____

CITY TUCSON NO. VETERANS ADMINISTRATION FACILITY ST. _____ OR _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) IN CITY OR TOWN WHERE DEATH OCCURRED 2 YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME GARDNER, Willis C-none HOW LONG IN STATE WHEN DEATH OCCURRED? 33 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. Benson, Arizona. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Abby Gardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
	<u>37</u>	<u>8</u>	<u>12</u>	

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Rancher & cowpuncher

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) Tom Green Co., Texas. (STATE OR COUNTY)

13. NAME Willie E. Gardner

14. BIRTHPLACE (CITY OR TOWN) Texas. (STATE OR COUNTY)

15. MAIDEN NAME Carrie Dickson

16. BIRTHPLACE (CITY OR TOWN) Texas. (STATE OR COUNTY)

17. INFORMANT (ADDRESS) F. F. DU PREZ, M.D. Ward Surgeon, Tucson, Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Benson Ariz. DATE 1-18- 1935

19. EMBALMER LICENSE NO. 164 SIGNATURE Wm. Hammond FUNERAL DIRECTOR Reilly Undertaking Co ADDRESS Tucson Ariz.

20. FILED 1-18-35 REGISTRAR Lemuel H. Norman (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16/35 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 12/12/34 1934 TO 1/16/35 1935

I LAST SAW HIM ALIVE ON 1/16/35; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:25 pm M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

<u>Tuberculosis, pul. chr. far adv.</u>	DATE OF ONSET
<u>active "C" (Clin. & Autopsy) about 1928</u>	
<u>Enterocolitis, tbc. chr. act.</u>	<u>Unknown</u>

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: 77

NAME OF OPERATION none DATE OF _____

WHAT TEST Laboratory tests-Physical findings CONFIRMED DIAGNOSIS? X-ray WAS THERE AN AUTOPSY? yes

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE _____ DATE OF INJURY _____ 1935

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? not known

IF SO, SPECIFY _____ (SIGNED) _____ (ADDRESS) S. H. JAMES, M.D., Manager, V.A. Tucson, Ariz.