1575

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.

~~Dr. Kennedy~~ Dr. Holt

OLD age Pen.

STANDARD CERTIFICATE OF DEATH

# Arizona State Board of Health

BUREAU OF VITAL STATISTICS

100

STATE FILE NO.

1. PLACE OF DEATH

COUNTY Gila STATE ARIZONA REGISTERED NO. 73

TOWNSHIP OR VILLAGE

CITY Globe NO. OR ST. WARD

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 40 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Charles Lane Gibson HOW LONG IN STATE WHEN DEATH OCCURRED? 50 YRS. MOS. DS.

(A) RESIDENCE: NO. Griffens Ranch ST. WARD.

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

131

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE 72 YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

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

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) unknown (STATE OR COUNTY) Texas

FATHER

13. NAME Charles Lane Gibson

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL burial

PLACE Pinal DATE 4/25/37, 19

19. EMBALMER { LICENSE NO. 227-A SIGNATURE [signature]

FUNERAL DIRECTOR Miles Mortuary 68-A

ADDRESS Globe Arizona

20. FILED Aug 3, 1937 Irene Wausler REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Apl 1st, 1937 TO Apl 25 1937, 19

I LAST SAW HIM ALIVE ON Apl 23 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4 am.

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

Cardio-Renal 1934

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Nephritis 1936

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms 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) W A Holt, M. D.

(ADDRESS) Globe, Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—1-28-36—FORM 3—100% RAG