809

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

Dr. Kent

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County Maricopa State ARIZONA State File No. 225

Township ____ Registered No. 153

City Mesa or Village ____

No. ____ 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 23 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clarissa Isabel Gibbons

(a) Residence: No. Mesa, Arizona (Usual place of abode) St., ____ Ward. ____ How long in State when death occurred? 57 yrs. ____ mos. ____ ds.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Gibbons

6. DATE OF BIRTH (month, day, and year): March 27, 1870

7. AGE: Years 67, Months 4, Days 27. If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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) (State or Country): Orderville Utah

FATHER

13. NAME: Bateman Haight

14. BIRTHPLACE (city or town) (State or Country): New York

MOTHER

15. MAIDEN NAME: Lydia Draper

16. BIRTHPLACE (city or town) (State or Country): Salt Lake City Utah

17. INFORMANT (Address): Willhelm Gibbons Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place: Mesa, Arizona Date: 8-26-37 19

19. EMBALMER: License No. 228; Signature: R. N. Daybell

FUNERAL DIRECTOR: Meldrum Mortuary

Address: Mesa, Arizona

20. Filed: Sept. 4, 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 19__, to 8-23-37, 19__

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at 8:15 P.M.

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

[signature] Date of Onset 1925

Other contributory causes of importance: [signature]

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) [signature] M. D.

(Address) ____

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information