

2313

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 22

Registrar's No. 25

1. Place of Death: (a) County Apache (b) City or Town St. Johns (c) Location U.S. Highway
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 40 yrs; In Arizona 60 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Apache; (c) City or Town St. Johns
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Lee Roy Gibbons (b) If veteran _____ (c) Social Security No. 527-20-2290
(If NONE write the word)

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband Arilla S. Gibbons 6. (c) Age of husband 4 or wife, if alive. 54 yrs.
7. Birthdate of deceased Sept 4 1872
(Month) (Day) (Year)
8. AGE: Years 69 Months 11 Days 20 If less than one day
hrs. _____ min. _____
9. Birthplace Glendale Utah
(City, town or county) (State or Country)
10. Usual Occupation Book keeper
11. Industry or Business 11 11
Father { 12. Name Andrew Smith Gibbons
13. Birthplace Union Co Ohio
(City, town or county) (State or Country)
Mother { 14. Maiden Name Rinjah Knight
15. Birthplace Perriaburg New York
(City, town or county) (State or Country)
16. (a) Informant's own signature L.R. Gibbons Jr.
(b) Address Halbrook, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place St. Johns Ariz (c) Date 27 August 1942
18. (a) Embalmer's Signature none
(b) Funeral Director none
(c) Address _____
19. (a) 8/29/42 (Date received local Registrar)
(b) Mrs Lana Gibbons (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 25 1942
TIME (Hour and minute) 6:30 P. M.
21. I hereby certify that I attended the deceased from 8-25 1942 to 8-25 1942
that I last saw him alive on 8-25 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Injury sustained in automobile accident - blow on chest over heart, followed by shock & possible internal hemorrhage
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) auto accident
(b) Date of occurrence 8-25-42
(c) Where did injury occur? Apache Ariz
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Highway #260 - 11 mi N.W. of Concha
(Specify type of place)
While at work? _____ (e) Means of injury above
23. Signature W. H. Fayath M. D.
Address St. Johns Ariz. Date signed 8-28-42

DURATION
About 4 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.