1151

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 122
Registrar's No. 1457

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Schmid's Haven of Rest (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 weeks; In Community 2 months (Specify whether years, months or days); in Arizona 34 years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits also write RURAL)

(d) Street No. 2107 S. 15th Place (Schmid's Haven of Rest); (e) Citizen of foreign country (yes or No) No If Yes, which country

3. (a) FULL NAME Gilbert Gardner (b) If Veteran name war No Social Security No. 527-03-4345 (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Divorced

6. (b) Name of husband or wife Catherine Goffney 6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased April (Month) 11 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
34	6	22	hrs. ....min.

9. Birthplace Douglas (City, town or county) Arizona (State or Country)

10. Usual Occupation Miner

11. Industry or Business

Father
12. Name Willie Gardner
13. Birthplace San Antonio (City, town or county) Texas (State or Country)

Mother
14. Maiden Name Carrie Dixson
15. Birthplace San Antonio (City, town or county) Texas (State or Country)

16. (a) Informant's own signature Mrs. F. L. Eicks
(b) Address 953 19th St., Douglas, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Douglas, Ariz. (c) Date 11-3 19 42

18. (a) Embalmer's Signature Leo Hussbaum
(b) Funeral Director W. L. Murphy
(c) Address J.T. Whitney Funeral Home, Phoenix

19. (a) NOV 3 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 2, 19 42;
TIME (Hour and minute) 10:15 A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1942 to Nov 2, 1942 that I last saw him alive on Nov 1st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
years

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did Injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] M. D.
Address 210 Bisbee Ave Date signed 11-2-42