1221

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 183
Registrar's No.

1. Place of Death: (a) County MARICOPA (b) City or Town RURAL - Wickenburg (If outside city limits also write RURAL) (c) Location A.G.A. Echeverria Field (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 2 YRS (Specify whether years, months or days) ; in Arizona 21 YRS

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

(d) Street No. ; (e) Citizen of foreign country (yes or No) If Yes, which country

3. (a) FULL NAME Thomas Harvey Gordon (b) If Veteran name war [illegible] (c) Social Security No. Not Available

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

6. (b) Name of husband or wife Etta Gordon | 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased Jan (Month) 30 (Day) 1878 (Year)

8. AGE: Years 63 | Months | Days | If less than one day hrs. min.

9. Birthplace Llano (City, town or county) Texas (State or Country)

10. Usual Occupation Night Watchman

11. Industry or Business Ariz. Gliding Academy

Father
12. Name Thomas Harvey Gordon
13. Birthplace Brakford Co. Va. (City, town or county) (State or Country)

Mother
14. Maiden Name Sarrah Simmons
15. Birthplace Tyler Texas (City, town or county) (State or Country)

16. (a) Informant's own signature T.W. Gordon
(b) Address Wickenburg ~~[illegible]~~ Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Wickenburg (c) Date 11/14/42

18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H. L. Coffinger
(c) Address Wickenburg Ariz.

19. (a) 11/14/42 (Date received local Registrar)
(b) Naomi M. Coffinger (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 12, 1942 ;
TIME (Hour and minute) 7:00 o'clock A.M. M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death an accident from a propeller of a airplane

Due to head injury
neck injury

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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) Accident
(b) Date of occurrence Nov. 12, 1942
(c) Where did injury occur? Wickenburg, Arizona (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Echeverria Field (Specify type of place)
While at work? yes (e) Means of injury above

23. Signature Bob C. Storm Ex-Officio Coroner
Address Wickenburg, Ariz Date signed

20M 100% Rag 8-42 B. Co. County File No. Date Received