

2017

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 1215
 Registrar's No. 67

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 hour; In Community Life; In Arizona Life
 (Specify whether years, months or days)

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

(d) Street No. _____

3. (a) FULL NAME James Louis Gibson (b) If veteran name war no (c) If foreign born, in U. S. A. _____ (d) Social Security No. none
 (If NONE write the word)

4. Sex <u>male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Single</u>
6. (b) Name of husband or wife		6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Nov. 2nd. 1940
 (Month) (Day) (Year)

8. AGE: Years <u>2</u>	Months <u>7</u>	Days <u>11</u>	If less than one day hrs. _____ min. _____
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9. Birthplace Globe, Arizona
 (City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business _____

Father { 12. Name David L. Gibson
 13. Birthplace Prescott, Arizona
 (City, town or county) (State or Country)

Mother { 14. Maiden Name Maudie L. Smith
 15. Birthplace Curtain County, Okla.
 (City, town or county) (State or Country)

16. (a) Informant's own signature David L. Gibson
 (b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
 (b) Place Globe, Ariz (c) Date 6/26/43 19__

18. (a) Embalmer's Signature Fred H. Jones
 (b) Funeral Director Fred H. Jones
 (c) Address Globe, Arizona

19. (a) June 24-43
 (Date received local Registrar)
 (b) James Tranelle
 (Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 13th 1943;
 TIME (Hour and minute) 5:15 AM M.

21. I hereby certify that I attended the deceased from June 13, 1943
 to June 13, 1943;
 that I last saw him alive on June 13, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Meningitis, acute, not epidemic
 Cause unknown

DURATION	<u>18 hrs.</u>
PHYSICIAN	_____
Underline the cause to which death should be charged statistically.	_____

Due to _____

Other conditions (include pregnancy within 3 months of death)
enlarged liver

Major findings:
 Of operations _____

Of autopsy _____

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 J. E. Clark M. D.
 Address Globe, Arizona Date signed 6/18/43