2078

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 533
Registrar's No. 205

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location 1634 Waverly (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 3 months (Specify whether years, months or days) ; in Arizona 57 years

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

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

3. (a) FULL NAME Louisa J. Gardner (b) If Veteran name war (c) Social Security No. none

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

6. (b) Name of husband or wife Charles A. Gardner 6. (c) Age of husband or wife, if alive 83 yrs.

7. Birthdate of deceased June (Month) 18 (Day) 1871 (Year)

8. AGE: Years 73 Months 6 Days 5 If less than one day hrs. min.

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

10. Usual Occupation housewife

11. Industry or Business

Father 12. Name John Barfoot
13. Birthplace Tenn. (City, town or county) (State or Country)

Mother 14. Maiden Name unknown
15. Birthplace Tenn. (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Atkinson
(b) Address 1634 Waverly St.

17. (a) Burial, Cremation or Removal removal
(b) Place Douglas (c) Date Feb. 25 1944

18. (a) Embalmer's Signature D. B. Hetts
(b) Funeral Director Parker Mortuary
(c) Address 215 N. Stone Ave.

19. (a) 2-25-44 (Date received by local Registrar)
(b) L. H. Howard, M.D. (Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No. Date Received

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 23, 1944; TIME (Hour and minute) 3:00 A. M.

21. I hereby certify that I attended the deceased from 1910, 19 to 2/23/44, 19 that I last saw her alive on 2/22/44, 19 and that death occurred on the date and hour stated above.

Immediate cause of death

	DURATION
Due to Chronic Endocarditis	1 yr
Due to Hypertension.	7 years.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Manner of injury

23. Signature M. O. Bledsoe M.D.
Address 1811 E Speedway Date signed 4/25/44
Incentive