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Dr. Whiting.

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.
Registrar's No. 1

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Scottsdale (If outside city limits also write RURAL) (c) Location Grave's Guest Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution Died at Home; In Community 15 yrs.; In Arizona 60 yrs. (Specify whether years, months or days)

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

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

3. (a) FULL NAME Arthur Alpine Gibson (b) If Veteran name war; (c) Social Security No. None

4. Sex: Male

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Mary E. Gibson

6. (c) Age of husband or wife, if alive 68 yrs.

7. Birthdate of deceased Feb. 8, 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 26 If less than one day hrs. min.

9. Birthplace Tokerville, Utah (City, town or county) (State or Country)

10. Usual Occupation Retired

11. Indusiry or Business Rancher

Father: 12. Name Joseph Smith Gibson; 13. Birthplace Mississippi (City, town or county) (State or Country)

Mother: 14. Maiden Name Ruth Theobold; 15. Birthplace England (City, town or county) (State or Country)

16. (a) Informant's own signature W. P. Gibson; (b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Removal; (b) Place Mesa, Ariz. (c) Date 9-6-44 19

18. (a) Embalmer's Signature [illegible]; (b) Funeral Director Meldrum Mortuary; (c) Address Mesa, Arizona

19. (a) Sept 8-1944 (Date received Local Registrar); (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 3, 19 44; TIME (Hour and minute) 8 P. M.

21. I hereby certify that I attended the deceased from 1934, 19; to Sept.3,44, 19; that I last saw him alive on September 2,1944, 19; and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DISEASE.MITRAL INSUFFICIENCY

Due to

Due to CORONARY OCCLUSION

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations; Of autopsy

DURATION: years; INSTANT

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 Spencer D. Whiting M.D. Spencer D. Whiting M.D. M. D.
Address Scottsdale Date signed 9-8-44