2414

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 99
Registrar's No. 17

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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 5 months; In Community 64 Years; In Arizona 64 Years (Specify whether years, months or days)

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. Schmid's Haven of Rest; (e) Citizen of foreign country (Yes or No) ..... If Yes, which country .....

3. (a) FULL NAME William Gilbert (b) If Veteran name war --- (c) Social Security No. ---

4. Sex: Male
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased 12-14-1861 (Month) (Day) (Year)
8. AGE: Years 83 | Months | Days | If less than one day hrs. ..... min. .....
9. Birthplace ..... (City, town or county) Missouri (State or Country)
10. Usual Occupation .....
11. Industry or Business .....

Father
12. Name Mitchell Martin Gilbert
13. Birthplace ..... (City, town or county) Kentucky (State or Country)

Mother
14. Maiden Name Sally Wicklift
15. Birthplace ..... (City, town or county) Kentucky (State or Country)

16. (a) Informant's own signature Schmid's Records
(b) Address Phoenix, Arizona.

17. (a) Burial, Cremation or Removal removal
(b) Place Mesa, Arizona (c) Date 1-2-45 19

18. (a) Embalmer's Signature W. L. Murphy
(b) Funeral Director W. L. Murphy
(c) Address Whitney Funeral Home.

19. (a) JAN 8 1945 (Date received Local Registrar)
(b) Robt T Hughes M D (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1-1-45, 19 ..... ;
TIME (Hour and minute) 4:10 A.M. M.

21. I hereby certify that I attended the deceased from Aug 1, 1944 to Jan 1, 1945 that I last saw him alive on Dec 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death old age Cardia vascular

Due to .....

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) .....
(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 H E Parrish M. D.
Address 1848 E. Calvert Date signed 1/3/45

18 30M—100% Rdg—5/21/43