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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No.
Registrar's No. 92

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location 814 Highland Ave. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 65 yrs (Specify whether years, months or days); In Arizona 67 yrs

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

(d) Street No. 814 Highland Ave-Blake-Anderson Addition; (e) Citizen of foreign country (Yes or No) no; If Yes, which country ******

3. (a) FULL NAME John Charles Gibson (b) If Veteran name war no (c) Social Security No. none

4. Sex male

5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]

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

6. (b) Name of husband or wife Julia Ann Gibson

6. (c) Age of husband or wife, if alive 69 yrs.

7. Birthdate of deceased March 25, 1867 (Month) (Day) (Year)

8. AGE: Years 80 | Months 8 | Days 12 | If less than one day ** hrs. *** min.

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

10. Usual Occupation Cattleman

11. Industry or Business Cattle Ranching

Father: 12. Name William W. Gibson; 13. Birthplace unknown Texas (City, town or county) (State or Country)

Mother: 14. Maiden Name Sarah Jane Gibson; 15. Birthplace unknown Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Julia Ann Gibson (wife)
(b) Address 814 Highland Ave. Globe, Ariz.

17. (a) Burial, Cremation or Removal Globe-Burial
(b) Place Globe Cemetery Date Dec. 10 1947

18. (a) Embalmer's Signature Frank A. Healy
(b) Funeral Director Frank A. Healy
(c) Address 328 S. Hill St., Globe, Ariz.

19. (a) Dec. 8 - 1947. (Date received Local Registrar)
(b) Irene Prewitt (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 7, 1947, 19
TIME (Hour and minute) 2:15 am. M.

21. I hereby certify that I attended the deceased from Jan. 47, 19 to Dec. 7, 1947, 19 that I last saw him alive on Dec. 7. 47, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — DURATION 2 hrs

Due to Hypertensive heart disease — 2 yrs

Due to

Other conditions (Include pregnancy within three 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) Means of injury

23. Signature Walton Ow Bu M. D.
Address Globe Ariz. Date signed Dec. 7, 1947

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