2096

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 566

County Registered No.

Local Registrar's No. 6774

PLACE OF DEATH

County Maricopa

District

Town Or City Phoenix

No. 2137 East Madison St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Aurell E. Connault

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White X Indian, Black Chinese, Mexican

SINGLE, MARRIED X, WIDOWED or DIVORCED

DATE OF BIRTH: June 14 191 (Month) (Day) (Year)

AGE: 29 yrs. mos. days. If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): Mich

PARENTS
NAME OF FATHER: Unknown
BIRTHPLACE OF FATHER (State or Country): Unknown
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (State or Country): Unknown

The Above Is True to the Best of My Knowledge

(Informant) Mrs A. E. Connault

(Address) 2137 East Madison

PLACE OF BURIAL OR REMOVAL: Catholic Cem.

DATE OF BURIAL OR REMOVAL: Oct 4 1918

UNDERTAKER: Moore & McLellan

ADDRESS: City

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 1 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from July 23 1917 to Oct 1 1918; that I last saw him alive on Sept 29 1918, and that death occurred on the date stated above at 2:30 P.M. The DISEASE or INJURY causing Death was as follows:

Tuberculosis of the lungs

(Duration) 2 yrs 9 mos days

Was disease contracted in Arizona? No

If not, where? Detroit Michigan

CONTRIBUTORY

(Duration) yrs mos days

(Signed) Allen Hamilton Wilkins M.D.

Oct 3 1918 (Address) 219 Security

*If death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 5 yrs mos ds. In Arizona 3 yrs mos ds.

Former or Usual Residence

Filed Oct 4 1918 [signature] Local Registrar

Filed 191 County Registrar

WRITE PLAINLY, WITH INDELIBLE INK. FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.