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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 4890

BIRTH NO.

REGISTRAR'S NO. 879

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: PIMA
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Tucson,
C. LENGTH OF STAY IN THIS PLACE: 5 yrs; IN ARIZONA: 5 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Vets. Adm. Hosp., Tucson, Arizona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Tucson
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 504½ South 5th

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Ernest B. (MIDDLE) E. C. (LAST) GIRAULT
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 6 DAY 13 YEAR 93
8. AGE: YEARS 59 MONTHS 1 DAYS 25; IF UNDER 24 HOURS: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Hospital Attendant
9B. KIND OF BUSINESS OR INDUSTRY: VA Hospital
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Leakesville, Kan.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): 6-27-18 5-24-19
13. SOCIAL SECURITY NO. 273074504
14A. FATHER'S NAME: Mack Girault (D)
14B. BIRTHPLACE (STATE OR COUNTRY): Mississippi
15A. MOTHER'S MAIDEN NAME: Sally Nelson (D)
15B. BIRTHPLACE (STATE OR COUNTRY): Mississippi
16. INFORMANT'S SIGNATURE AND ADDRESS: VA Hosp. Records, Tucson, Arizona
17. DATE OF DEATH: (MONTH) 8 (DAY) 7 (YEAR) 52

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Infarction of myocardium — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arteriosclerosis of coronary arteries. — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM 8-4, 1952 TO 8-7, 1952 THAT I LAST SAW THE DECEASED ALIVE ON 8-7, 1952 AND THAT DEATH OCCURRED AT 2 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE AND DEGREE OR TITLE: J. N. PLUMER, M.D., Chief Medical Service
23B. ADDRESS: VAH, Tucson, Arizona
23C. DATE SIGNED: 8/8/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 8-9-52
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Milwaukee, Wisc.
25A. DATE REC'D BY LOCAL REG.: 8-8-52
25B. REGISTRAR'S SIGNATURE: Verna H. Colson, Deputy
26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Reilly Funeral Home Tucson Ariz.
27. EMBALMER'S SIGNATURE: John Reilly Jr.
CERT. NO. #208

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FORM VS 2 REV. 2058