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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6787

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1200

AGE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: PIMA
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Tucson
C. LENGTH OF STAY IN THIS PLACE: 4 yrs; IN ARIZONA: 4 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 (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Tucson
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4106 East 5th St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Leo B. (MIDDLE) E. C. (LAST) NAULT
4. SEX: M
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
7. DATE OF BIRTH: MONTH 5 DAY 16 YEAR 24
8. AGE: YEARS 28 MONTHS 6 DAYS 0 IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Unemployed
9B. KIND OF BUSINESS OR INDUSTRY: Unemployed
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Massachusetts
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) 4-28-43 10-26-44
13. SOCIAL SECURITY NO. Unknown
14A. FATHER'S NAME: Alfred Nault (L)
14B. BIRTHPLACE (STATE OR COUNTRY): Mass.
15A. MOTHER'S MAIDEN NAME: GeorgeannaLafleur (L)
15B. BIRTHPLACE (STATE OR COUNTRY): Mass.
16. INFORMANT'S SIGNATURE: VA Hospital Records, ADDRESS: Tucson, Arizona

CAUSE OF DEATH (ITEM 18)

17. DATE OF DEATH: (MONTH) 11 (DAY) 16 (YEAR) 52

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) Multiple sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b)
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 7-19, 19 52 TO 11-16, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON 11-16, 19 52, AND THAT DEATH OCCURRED AT 5:00AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: J. N. PLUMB, M.D., Chief Medical Service (TITLE)
23B. ADDRESS: VAH, Tucson, Arizona
23C. DATE SIGNED: 11/17/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 11-18-52
24C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
25A. DATE REC'D BY LOCAL REG.: 11-17-52
25B. REGISTRAR'S SIGNATURE
26. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Lacum
27. EMBALMER'S SIGNATURE: Leland F. Baker
ADDRESS: Arizona Mortuary, Inc.
CERT. NO. 307

FORM VS 2 REV. 2000