9668

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 221
County Registered No. 9608
Local Registrar's - No. 207

PLACE OF DEATH
County Maricopa
District No 3
Town Or City Mesa

No. ..... St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Judith E Ault

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

~~SINGLE~~ MARRIED X ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: Sept 5 1847 (Month) (Day) (Year)

AGE: 72 yrs. 11 mos. 16 days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed or (employer): 19

BIRTHPLACE (State or Country): Georgia

PARENTS
NAME OF FATHER: Bartley A Westbrook
BIRTHPLACE OF FATHER (State or Country): Georgia
MAIDEN NAME OF MOTHER: Cassie Carter
BIRTHPUACE OF MOTHER (State or country): Georgia

The Above is True to the Best of My Knowledge
(Informant) Mr Ault
(Address) Mesa

PLACE OF BURIAL OR ~~REMOVAL~~: Mesa Cemetary
DATE OF BURIAL OR ~~REMOVAL~~: Aug 23 1920

UNDERTAKER: Jr A Burton & Sons
ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21, 1920 (Month) (Day) (Year)

I hereby certify that I attended deceased from Aug 19 1920 to Aug 21 1920; that I last saw her alive on Aug 19 1920 and that death occurred on the date stated above at 8 45 P.M. The DISEASE or INJURY causing death was as follows: Endocarditis Chronic

(Duration)) 0 yrs. 3 mos 0 days 0

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY: Albuminuria

(Duration) 0 yrs. 1 mos. 10 days 0

(Signed) Dr R M Tafel

Aug 23 1920 (Address) Mesa Arizona

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death ....yrs....mos....ds. In Ariz....yrs....mos....ds.

Former or Usual Residence

Filed Aug. 22 1920 J. E. Drang Local Registrar.

Filed Sept 17 1920 H. R. Carson County Registrar.

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.