ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2027

BIRTH NO. 6138

CERTIFICATE OF DEATH

REGISTRAR'S NO. 394

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 3 days; IN ARIZONA: 3days
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tucson Medical Center

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2737 N. Winstel Blvd.

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST) Roger B. (MIDDLE) F. C. (LAST) Gault
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: Mar; DAY: 22; YEAR: 56
8. AGE (IN YEARS LAST BIRTHDAY): --
IF UNDER 1 YEAR — MONTHS: ; DAYS: 3
IF UNDER 24 HRS. — HOURS: 1; MIN.: 8
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Infant
9B. KIND OF BUSINESS OR INDUSTRY: ----
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tucson, Ariz
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Frederich Gault
14B. BIRTHPLACE (STATE OR COUNTRY): Florida
15A. MOTHER'S MAIDEN NAME: Dorotha Lee Rogers
15B. BIRTHPLACE (STATE OR COUNTRY): Ohio.
16. INFORMANT'S SIGNATURE: Frederich Gault — ADDRESS: Tucson, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): March 25th, 1956

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) probable hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH: about 19 hrs
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) prematurity 4 lb, 8 oz
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 22, 1956, TO March 25, 1956, THAT I LAST SAW THE DECEASED ALIVE ON March 24, 1956, AND THAT DEATH OCCURRED AT 8:AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Philip E. Dew, M.D.
22B. ADDRESS: 131 S. Scott St., Tucson.
22C. DATE SIGNED: 3/ /56

23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3/26/56
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Ariz
26A. DATE REC. BY LOCAL REG.: 3-26-56
26B. REGISTRAR'S SIGNATURE: Jennette Sabey
27A. FUNERAL DIRECTOR'S SIGNATURE: Reilly Funeral Home By: Chas O'Reilly #216
27B. ADDRESS: Tucson, Ariz

FORM VS-2 REV. 6-1-55 AMPCO 7

E OF DEATH 2 AND 82
L. RESIDENCE 0322
ECEDENT 2 ERSONAL DATA 303 0 356
774/X CAUSE OF DEATH (ITEM 18) 0 0
ERATIONS, UTOPSY 1
MEDICAL TIFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 1
UNERAL 55 IRECTOR 2 AND EGISTRAR 0