ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7118

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 57

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: minutes; IN ARIZONA: Life
C. CITY OR TOWN: Higley — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2mi. so. of Higley Rd. and W.A.F.B. Rd.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Higley — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 236
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX	5. COLOR OR RACE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Marjorie	Brimhall	Bolt	Fem	White	Married

6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH	DAY	YEAR	8. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)
Henry H. Bolt Jr.	3	2	30	26					Housewife

9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO.
Home	Arizona	United States	No	?

14A. FATHER'S NAME	14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME	15B. BIRTHPLACE (STATE OR COUNTRY)
C. Morgan Brimhall	Arizona	Lena McCullough	Arizona

16. INFORMANT'S SIGNATURE: Henry H. Bolt Jr. ADDRESS: Higley, Ariz.

17. DATE OF DEATH (MONTH): 11 (DAY): 16 (YEAR): 56

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) Multiple injuries, impact

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.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ~~I EXAMINED THE BODY OF THE DECEASED~~ on 11-17-56, THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____, AND THAT DEATH OCCURRED AT 6:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE): MARICOPA COUNTY MEDICAL EXAMINER — 22B. ADDRESS: Phoenix — 22C. DATE SIGNED: 11-17-56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 2mi. so. int. of Higley Rd. and W.A.F.B. Road

23C. (CITY OR TOWN) (COUNTY) (STATE): Higley Maricopa Ariz.

23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 11-16-56 6:30PM

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

23F. HOW DID INJURY OCCUR? Auto crashed into rear of cotton trailer

24A. CORONER'S SIGNATURE: Laurence E. Mullenaux — 24B. ADDRESS: Coroner Mesa, Arizona — 24C. DATE SIGNED: 11-19-56

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ — 25B. DATE: 11-20-56 — 25C. NAME OF CEMETERY OR CREMATORY: Mesa city cemetery — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona

26A. DATE REC. BY LOCAL REG.: 11-19-56 — 26B. REGISTRAR'S SIGNATURE: Pearl L. Daugherty

27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — 27B. ADDRESS: MELDRUM MORTUARY 52 N. Macdonald Mesa, Ariz.

28. EMBALMER'S SIGNATURE: [illegible] Meldrum — 28B. EMBALMER'S CERT. NO.: 345

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UTOPSY 2
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IFICATION 7
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DEATH 5
DUE TO
EXTERNAL
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IFICATION 5
NERAL 88
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AND
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