Punched 8
Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9642

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1873

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 25 yrs; IN ARIZONA 25 yrs
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): 2615 E. 6th

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): 2615 E. 6th
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ella B. (MIDDLE) B. C. (LAST) Gault
4. SEX: Fem.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ----
7. DATE OF BIRTH: MONTH 9 DAY 25 YEAR 73
8. AGE (IN YEARS LAST BIRTHDAY): 86 yrs. 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): ---
(IF YES, WAR OR DATES OF SERVICE): ---
13. SOCIAL SECURITY NO.: ---
14A. FATHER'S NAME: John W. Taylor
14B. BIRTHPLACE (STATE OR COUNTRY): Miss.
15A. MOTHER'S MAIDEN NAME: Bessie Boyd
15B. BIRTHPLACE (STATE OR COUNTRY): Miss.
16. INFORMANT'S SIGNATURE: Mrs. Lucy Mims, Tucson, Arizona
ADDRESS
17. DATE OF DEATH (MONTH) (DAY) (YEAR): December 8, 1959

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO (B) Cerebral arteriosclerosis — 5 yr
DUE TO (C) Generalized arteriosclerosis — 5 yr.

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 4/20, 1954 TO 10/8, 1959 THAT I LAST SAW THE DECEASED ALIVE ON 12/8 6, 1959 AND THAT DEATH OCCURRED AT 10:15 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E. R. Baldwin M.D. (DEGREE OR TITLE)
22B. ADDRESS: Tucson Arizona
22C. DATE SIGNED: 12/10/59

DEATH DUE TO EXTERNAL VIOLENCE
22A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12/10/59
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 12-15-59
26B. REGISTRAR'S SIGNATURE: Chester H. Culver
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Green
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: Deputy Leland H. Baker
28B. EMBALMER'S CERT. NO.: 307

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