ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9328

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY — IN THIS TOWN: 24 yrs — IN ARIZONA: 24 yrs
C. CITY OR TOWN: Eloy — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 715 N. D. St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Eloy — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 715 N D. St.
E. IS RESIDENCE ON A FAIR? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Thomas
B. (MIDDLE): Walter
C. (LAST): Gault

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mattie Gault
7. DATE OF BIRTH — MONTH: 1 DAY: 9 YEAR: 1881
8. AGE (IN YEARS LAST BIRTHDAY): 79
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): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tenn.
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.: Yes
14A. FATHER'S NAME: Thomas Gault
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Farley
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
16. INFORMANT'S SIGNATURE: X Floyd Gault
ADDRESS:
17. DATE OF DEATH — (MONTH): 11 (DAY): 3 (YEAR): 1960

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) Congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Occlusion — 1 wk
DUE TO (C) Arteriosclerotic heart dis — years
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/3 1960 TO 11/3 1960 THAT I LAST SAW THE DECEASED ALIVE ON 11/3 1960 AND THAT DEATH OCCURRED AT 9:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J Horace Holmes MD
22B. ADDRESS: Eloy Ariz
22C. DATE SIGNED: 11/4/60

23A. 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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11-4-1960
25C. NAME OF CEMETERY OR CREMATORY: Eloy Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Eloy Arizona
26A. DATE REC. BY LOCAL REG.:
26B. REGISTRAR'S SIGNATURE: Nellie Kempton
27A. FUNERAL DIRECTOR'S SIGNATURE: R. Ben Birk
27B. ADDRESS: Eloy
28A. EMBALMER'S SIGNATURE: R. Ben Birk
28B. EMBALMER'S CERT. NO.: 3591

FORM VS-2 REV. 3-15-55 25M ARPCO 26392

CE OF DEATH AND AL RESIDENCE
DECEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
ERATIONS, AUTOPSY
MEDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION
UNERAL IRECTOR AND EGISTRAR