PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4776

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1009

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: 4 yrs. IN ARIZONA: 4 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): 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): 311 E. 4th St.,
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Frankie B. (MIDDLE) Gault C. (LAST) McNabb
4. SEX: Fem.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Millard R.
7. DATE OF BIRTH: MONTH 11 DAY 16 YEAR 05
8. AGE (IN YEARS LAST BIRTHDAY): 56 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: Charles W. Gault
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Annie Glasscock
15B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
16. INFORMANT'S SIGNATURE: Millard R. McNabb, ADDRESS: Tucson, Arizona
17. DATE OF DEATH: May (MONTH) 21 (DAY), 1962 (YEAR)

CAUSE OF DEATH (ITEM 18) 241X

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) Bronchial Asthma — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs
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. Emphysema — Unknown

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION 6037

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 4, 1961 TO 5-21, 1962 THAT I LAST SAW THE DECEASED ALIVE ON 5-21, 1962 AND THAT DEATH OCCURRED AT 10:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John S. Blute, Jr. (DEGREE OR TITLE) MD
22B. ADDRESS: Tucson
22C. DATE SIGNED: 5-22-62

DEATH DUE TO EXTERNAL VIOLENCE

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?

CORONER'S CERTIFICATION

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

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 5/23/62
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Amarillo, Texas
26A. DATE REC. BY LOCAL REG.: 5-24-62
26B. REGISTRAR'S SIGNATURE: Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Jacobson
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: Leland F. Baker
28B. EMBALMER'S CERT. NO.: 307

FORM VS-2 REV. 8-9-60 - 25M