[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index . . . No. 226
County Registrar's . No. 860
Local Registrar's . No. 24

PLACE OF DEATH

1. County Maricopa
District no 3
Town or city Mesa No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME John H. Ault
(a) Residence No. ____ St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 24 1832

7. AGE Years 91 Months 6 Days 19 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Birch Maker
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or Country) Penn

PARENTS
10. NAME OF FATHER Wm K Ault
11. BIRTHPLACE OF FATHER (City or town) Pa (State or country)
12. MAIDEN NAME OF MOTHER Elizabeth Bowman
13. BIRTHPLACE OF MOTHER (city or town) Penn (State or country)

14. Informant E Ault
(Address) Mesa

15. Filed May 14 1924 H. J. McNeill Local Registrar.
Filed ____ 19__ ____ County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 13 1924

17. I HEREBY CERTIFY, That I attended deceased from May 4th 1924 to May 13th 1924
that I last saw him alive on May 13th 1924
and that death occurred, on the date stated above, at 10 30 p.m.
The CAUSE OF DEATH* was as follows:
Old age, with hypertrophied prostate, & enabel to urinate
(duration) ____ yrs. ____ mos. 9 ds.
CONTRIBUTORY (secondary) Hypostatic Congestion of Lung
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ____ date of
Was there an autopsy?
What test confirmed diagnosis?
Signed J. H. Brown M. D.
(Address) Mesa, Arizona. 5/14 1924

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cemetary
DATE OF BURIAL May 18 1924

20. UNDERTAKER H. G. Burton & Sons
ADDRESS Mesa

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.