4266

BUREAU OF VITAL STATISTICS

# ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 175 / 009

Registered No.

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township

City Phoenix or Village

No. St Josephs Hosp. St., or Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number),

2. FULL NAME Wayne Evans Viault

(a) Residence. No. 303 W. Portland St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred I yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR or RACE | 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) |
|---|---|---|
| male | white | single |

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

6. DATE OF BIRTH (month, day and year) Nov. 4,

| 7. AGE Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|
| I | 4 | | |

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

9. BIRTHPLACE (city or town) Tucson
(State or country) Ariz.

PARENTS

10. NAME OF FATHER Harold Viault

11. BIRTHPLACE OF FATHER Phoenix, (city or town)
(State or country) Ariz.

12. MAIDEN NAME OF MOTHER Gertrude Darby

13. BIRTHPLACE OF MOTHER Phoenix (city or town)
(State or country) Ariz.

14. Informant Harold Viault
(Address) 303 W. Portland

15. Filed ,19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 4, 1926

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1926 to March 4, 1926, that I last saw him alive on March 4, 1926, and that death occurred, on the date stated above, at 9:30 AM
The CAUSE OF DEATH* was as follows:
Fracture cervical vertebra

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) R W Craig
March 8 1926 (Address) Phoenix Ariz, M. D.

* 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 Los ANgeles, Calif. DATE OF BURIAL

20. UNDERTAKER A. L. Moore & Sons ADDRESS 329 W. Adams

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS SPACE RESERVED FOR BINDING MARGIN. 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. PERMANENT RECORD. See instructions on back of certificate.