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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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Yavapai State Arizona State File No. 429
 District or Township _____ or Village _____ Registered No. 1548
 City Prescott No. 118. So Mc Cormick St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Infant of Mr. & Mrs. Archie Gault
 (a) Residence. No. 108. So Washington St. 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>			16. DATE OF DEATH (month, day, and year) <u>7-12-26 19</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>Hill Birth</u> _____, 19____ that I last saw h. _____ alive on _____, 19____	
6. DATE OF BIRTH (month, day and year) <u>July, 12-1926</u>					and that death occurred, on the date stated above, at <u>1-30 P.</u> The CAUSE OF DEATH* was as follows: <u>Strangulation of</u> <u>Throat</u>	
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	(duration) _____ yrs. _____ mos. _____ ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) <u>Prescott</u> (State or country) <u>Arizona</u>					18. Where was disease contracted if not at place of death? <u>Yes</u>	
10. NAME OF FATHER <u>Archie Gault</u>					Did an operation precede death? <u>No</u> Date of _____	
11. BIRTHPLACE OF FATHER <u>Rich Hill</u> (State or country) <u>Missouri</u> (city or town)					Was there an autopsy? <u>No</u>	
12. MAIDEN NAME OF MOTHER <u>Josephine Kavanaugh</u>					What test confirmed diagnosis? <u>Synphylin</u>	
13. BIRTHPLACE OF MOTHER <u>Congress Jct</u> (State or country) <u>Arizona</u> (city or town)					(Signed) <u>J. D. Robinson</u> M. D. <u>July 13, 1926</u> (Address) <u>Prescott</u>	
14. Informant <u>Archie Gault</u> (Address) <u>Prescott Arizona</u> <u>Harry J. Southworth</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Citizens Cem</u> <u>Prescott Arizona</u>	
15. Filed <u>Aug 1 1926</u> Registrar.					DATE OF BURIAL <u>7-13-26</u> ADDRESS <u>Prescott Ariz</u>	
					20. UNDERTAKER <u>Lester Ruffner</u>	