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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.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 288

STANDARD CERTIFICATE OF DEATH

STATE ARIZONA REGISTERED NO. 557

1. PLACE OF DEATH

COUNTY Maricopa CITY OR VILLAGE OR

TOWNSHIP Phoenix NO. 128 N. 1st. Ave. ST. WARD

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 1 MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH YRS. MOS. DS

HOW LONG IN STATE WHERE DEATH OCCURRED YRS. 1 MOS. DS

2. FULL NAME J. Wm. Gault

(A) RESIDENCE: NO. 128 N. 1st. Ave. ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	45			

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Printer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT Frank Luther (ADDRESS) 123 N 1st Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Wel. Kansas DATE Apr. 25, 1936

19. EMBALMER LICENSE NO. 158 SIGNATURE

FUNERAL DIRECTOR A. L. Moore & Sons

ADDRESS Phoenix, Ariz.

20. FILED 4-23, 1936 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Ap. 15, 1936 TO Ap. 22, 1936

I LAST SAW HIM ALIVE ON Ap. 22, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Lobar Pneumonia 7 days

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Myocardial Failure

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19

WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? M. D.

IF SO, SPECIFY

(SIGNED) (ADDRESS) Phoenix Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—7-24-35—REP-GAZ PRINTERY—FORM 3