9765

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 230

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 458

Township or Village or

City Phoenix No. Paris Hotel St., Ward

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

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.

How long in State when death occurred ..... yrs. ..... mos. ..... ds.

2. FULL NAME David E. Gault

(a) Residence: No. Paris Hotel St., Ward. (If non-resident give city or town and state)

(Usual place of abode)

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) Unknown

7. AGE: About Years 55 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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 Country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or Country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or Country) "

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. EMBALMER { License No. 150-A Signature Henry T. Forman

FUNERAL DIRECTOR Henry T. Forman

Address Arizona Funeral Home

20. Filed 11-2, 1937 James L. Johnson (R) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29, 197

22. I HEREBY CERTIFY, That I attended deceased from viewed body, 19

I last saw h..... alive on ..... 19 ; 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:

	Date of Onset
Cerebral Hemorrhage	sudden

Other contributory causes of importance:

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? Ono

If so, specify

(Signed) Clyde Parker M. D.

(Address) [illegible]

Back of Certificate to be used for any Additional Information

10M—7-20-37—Sims—Form 3—100% RAG