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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 172
Registrar's No. 1515

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Enroute to St. Joseph Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 3 Months (Specify whether years, months or days) ; In Arizona 3 Months

2. Usual Residence of Deceased: (a) State Maryland ; (b) County Baltimore ; (c) City or Town Baltimore (If outside city limits also write RURAL)

(d) Street No. Scottsdale, Ariz. (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Pauline Nault (b) If veteran name war No (c) Social Security No. None (If NONE write the word)

4. Sex: Female
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased July (Month) 23 (Day) 1941 (Year)
8. AGE: Years 0 Months 4 Days If less than one day hrs. min.
9. Birthplace Baltimore (City, town or county) Maryland (State or Country)
10. Usual Occupation None
11. Industry or Business
Father 12. Name John Nault
Father 13. Birthplace Canada (City, town or county) (State or Country)
Mother 14. Maiden Name Leotine Hughes
Mother 15. Birthplace Laconia (City, town or county) New Hampshire (State or Country)
16. (a) Informant's own signature Rita Grant
(b) Address Scottsdale, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place County (c) Date 12-3 1941
18. (a) Embalmer's Signature [illegible]
(b) Funeral Director [illegible]
(c) Address Maus-McLellan Funeral Home
19. (a) DEC 3 1941 (Date received local Registrar)
(b) [illegible] (Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 2, 1941;
TIME (Hour and minute) 5:45 P.M.

21. I hereby certify that I attended the deceased from Dec 2-1941, 19 to Dec 2, 1941; that I last saw her alive on Dec 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Malnutrition

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature James D. W. Whiting M. D.
Address Scottsdale Date signed Dec 3-41