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# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 469
Registrar's No. 952

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

(d) Length of Stay: In Hospital or Institution Few Minutes; In Community Over 2 years; In Arizona Over 2 years. (Specify whether years, months or days)

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

(d) Street No. 4000 Oracle Road; (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Virgil Lovell Daulton (b) If Veteran name war XXXXXXX (c) Social Security No. 311-01-9012

4. Sex M
5. Race White ☑ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife Alice J. Hall
6. (c) Age of husband or wife, if alive X yrs.
7. Birthdate of deceased July 27th., 1917 (Month) (Day) (Year)
8. AGE: Years 29 Months 2 Days 29 If less than one day hrs. min.
9. Birthplace Ringgold, Kentucky (City, town or county) (State or Country)
10. Usual Occupation Musician
11. Industry or Business Larry's Sunset Riders

Father
12. Name George Milton Daulton
13. Birthplace Ringgold, Ky. (City, town or county) (State or Country)

Mother
14. Maiden Name Sally Love
15. Birthplace Ringgold, Ky. (City, town or county) (State or Country)

16. (a) Informant's own signature Birth-Certificate
(b) Address among Personal Effects

17. (a) Burial, Cremation or Removal Removal
(b) Place Somerset, Ky. (c) Date 10/28 1946

18. (a) Embalmer's Signature Arthur J. Adair
(b) Funeral Director Howard A. Bring
(c) Address Bring's Funeral Home

19. (a) 10-28-46 (Date received Local Registrar)
(b) L. F. Howard, M.D. (Registrar's Signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 26, 1946
TIME (Hour and minute) 7 AM M.

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

Immediate cause of death Pulmonary Hemorrhage.

Due to Tuberculosis, Pulmonary. Zero History.

Due to Died on admission to County Hospital Not seen before death.

Other conditions (Include pregnancy within three 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 Lewis H. Howard M. D.
Address Health Office Date signed Oct 26, 1946.

40M—100% Rag—6-10-44