

2440 6th.

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

336

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

695

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Pima</b>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Pima</b>						
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Tucson</b>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA *****		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Marana</b>						
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>				D. STREET ADDRESS <b>Rural</b> (IF RURAL, GIVE LOCATION)						
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <b>Baby Girl Gault</b>			A. (FIRST)		B. (MIDDLE)		C. (LAST)		4. SEX <b>Female</b>	5. COLOR OR RACE <b>White</b>
	6. NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>6</b> DAY <b>30</b> YEAR <b>51</b>		8. AGE YEARS MONTHS DAYS		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).				
	9B. KIND OF BUSI- NESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO.		
	14A. FATHER'S NAME <b>Clinton Gault</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Oklahoma</b>		15A. MOTHER'S MAIDEN NAME <b>Cora Woffard</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>		
	16. INFORMANT'S SIGNATURE <b>Clinton Gault</b>				ADDRESS <b>Marana, Arizona</b>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>June 30, 1951</b>		
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHENA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLI- CATION WHICH CAUSED DEATH.  PLACE DISEASE CON- TRACTED.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Enter uterine hypoxia</b>  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAT- ING THE UNDERLYING CAUSE LAST.  DUE TO (b) <b>Premature</b>  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>2 mo</b>		
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)			21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21C. (CITY OR TOWN) (COUNTY) (STATE)				
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			21E. INJURY OCCURRED WHILE AT NOT WHILE M WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>June 30, 1951</b> TO <b>Stillborn</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>19</b> AND THAT DEATH OCCURRED AT <b>10:55 PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
MEDICAL CORONER'S CERTIFICATION	23A. SIGNATURE <b>Thomas H. Starnard M.D.</b> (DEGREE OR TITLE)				23B. ADDRESS <b>2440 6th St</b>				23C. DATE SIGNED <b>July 2-51</b>		
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>7-3-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Tucson, Arizona</b>			
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <b>7-2-51</b>		25B. REGISTRAR'S SIGNATURE <b>Waresa J. O'Leary</b>				26. FUNERAL DIRECTOR'S SIGNATURE <b>Waresa J. O'Leary</b> ADDRESS <b>Arizona Mortuary</b> CENT. NO. <b>Leland F. Baker 307</b>				