

Dr. Wall

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

851 ✓

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 58

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1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Mar.	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa	
D. FULL NAME OF HOSPITAL OR INSTITUTION Southeast District Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 206 No. Roland St.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Malinda B. (MIDDLE) Elizabeth C. (LAST) Ault		4. SEX female	
5. COLOR OR RACE white			
6. MARRIED . . . . . NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR 8 9 80	
8. AGE YEARS MONTHS DAYS 70 6 8		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	
9B. KIND OF BUSINESS OR INDUSTRY at home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	
11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
13. SOCIAL SECURITY NO. --			
14A. FATHER'S NAME George Elder		14B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	
15A. MOTHER'S MAIDEN NAME Mary Mayham		15B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	
16. INFORMANT'S SIGNATURE Caleb Ault (Hus)		ADDRESS Mesa, Ariz.	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Feb. 17, 1951			
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 FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Thrombocytopenic purpura INTERVAL BETWEEN ONSET AND DEATH 4 weeks ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Influenza	
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)			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 3, 1951, TO Feb. 17, 1951, THAT I LAST SAW THE DECEASED ALIVE ON Feb. 17, 1951, AND THAT DEATH OCCURRED AT 6:35 A.M. THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE Mark H. Wall M.D.		23B. ADDRESS Mesa, Arizona	
23C. DATE SIGNED 2-19-51			
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE 2-19-51	
24C. NAME OF CEMETERY OR CREMATORY City Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona	
25A. DATE REC'D BY LOCAL REG. 3-5-51		25B. REGISTRAR'S SIGNATURE John [Signature]	
26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary		ADDRESS Mesa, Ariz	
27. EMBALMER'S SIGNATURE R. H. [Signature]		CERT. NO. 228A	