ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0072

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 372.

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY — IN THIS TOWN: 62 yr; IN ARIZONA: 65 yr
C. CITY OR TOWN: Globe — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 10 Miles South Globe - Hiway

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Globe — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 10 miles S of Globe - Highway

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frank B. (MIDDLE) Jay C. (LAST) Tuttle

4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): divorced
6B. NAME OF SPOUSE: Tinny Ruston
7. DATE OF BIRTH — MONTH: Dec DAY: 4 YEAR: 1892
8. AGE (IN YEARS LAST BIRTHDAY): 63
IF UNDER 1 YEAR — MONTHS: 1 DAYS: 26
IF UNDER 24 HRS. — HOURS: XX MIN.: XX
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): prospector - miner
9B. KIND OF BUSINESS OR INDUSTRY: prospector - Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Virginia
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: 526-09-0096
14A. FATHER'S NAME: William O. Tuttle
14B. BIRTHPLACE (STATE OR COUNTRY): Wisconsin
15A. MOTHER'S MAIDEN NAME: Phalby Jane Teague
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: John W. Tuttle (Son) ADDRESS: Mt. View, Calif.
17. DATE OF DEATH — (MONTH) January (DAY) 30 (YEAR) 1956

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Atherosclerosis
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__, TO ____, 19__, AND THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Wm E Pordhoffer (DEGREE OR TITLE)
22B. ADDRESS: Box 68 Globe Ariz.
22C. DATE SIGNED: 1-31-56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: Leslie Stutz
24B. ADDRESS: Box 811 Globe, Arizona
24C. DATE SIGNED: 2-2-56

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Feb 2-1956
25C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe Arizona
26A. DATE REC. BY LOCAL REG.: 2-2-56.
26B. REGISTRAR'S SIGNATURE: Irene Wernecke
27A. FUNERAL DIRECTOR'S SIGNATURE: Paul James Wachter
27B. ADDRESS: Globe Arizona — Embalmer # 325

FORM VS-2 REV. 6-1-53 AMPCO 70385