ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4448

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 46.

**1. PLACE OF DEATH**
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 62 yrs; IN ARIZONA 62 yrs.
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ———

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz.
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 711 3rd St Safford, Arizona

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) James B. (MIDDLE) Floyd C. (LAST) Nuttall
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Alice Jane Nuttall
7. DATE OF BIRTH: MONTH May DAY 12 YEAR 1895
8. AGE (IN YEARS LAST BIRTHDAY): 62 — IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Mechanic Auto
9B. KIND OF BUSINESS OR INDUSTRY: Garage
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.
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.: 529-22-4794
14A. FATHER'S NAME: John Horatio Nuttall
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Christina Hubbard
15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE: Weldon Nuttall — ADDRESS: Safford Ariz
17. DATE OF DEATH (MONTH) July (DAY) 15 (YEAR) 1957

**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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Coronary Thrombosis
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM unattended TO ———, 19——, THAT I LAST SAW THE DECEASED ALIVE ON ———, 19——, AND THAT DEATH OCCURRED AT approx 8:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: W. Sanders (DEGREE OR TITLE) MD
22B. ADDRESS: Safford, Ariz.
22C. DATE SIGNED: 7-18-57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural causes
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE): Safford, Graham, Ariz
23D. TIME OF INJURY (MONTH) 7 (DAY) 15 (YEAR) 57 (HOUR) ——— AM PM
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: Jay Jackson
24B. ADDRESS: 13-05 5th Ave
24C. DATE SIGNED: 1-18-57

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: July 19 1957
25C. NAME OF CEMETERY OR CREMATORY: Safford
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Ariz.
26A. DATE REC. BY LOCAL REG.: July 18-57
26B. REGISTRAR'S SIGNATURE: Otila A Lopez Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: H. C. Rawson
27B. ADDRESS: Safford Ariz

FORM VS-2 REV. 6-1-53 AMPCO 77895

DEATH / AND / L RESIDENCE — DECEDENT / PERSONAL DATA — CAUSE OF DEATH (ITEM 18) — OPERATIONS / AUTOPSY — MEDICAL CERTIFICATION — DEATH DUE TO EXTERNAL VIOLENCE — CORONER'S CERTIFICATION — FUNERAL DIRECTOR AND REGISTRAR