

CERTIFICATE OF DEATH

REGISTRAR'S NO. # 2

BIRTH NO.

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Graham		B. LENGTH OF STAY IN THIS TOWN 66 Yrs IN ARIZONA 66 Yrs		2. USUAL RESIDENCE A. STATE Arizona			
	C. CITY OR TOWN Safford		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Safford		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
EDENT SONAL ATA	D. FULL NAME OF HOSPITAL OR INSTITUTION Safford Inn Hospital				D. STREET (IF RURAL GIVE LOCATION) ADDRESS 1511 Central Ave		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	3. NAME OF DECEASED A. (FIRST) John B. (MIDDLE) NONE C. (LAST) Nulton			4. SEX Male	5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
160	6B. NAME OF SPOUSE Alice Nulton		7. DATE OF BIRTH MONTH 4 DAY 14 YEAR 1879		8. AGE (IN YEARS LAST BIRTHDAY) 80		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Farmer	
	9B. KIND OF BUSINESS OR INDUSTRY Farming		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		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	
29	14A. FATHER'S NAME Warren Nulton		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Lucinda Shears		15B. BIRTHPLACE (STATE OR COUNTRY) Ohio	
	16. INFORMANT'S SIGNATURE [Signature] ADDRESS 1511 Central Ave				17. DATE OF DEATH (MONTH) January (DAY) 16 (YEAR) 1960			
ATH 0 M 18) 0	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Carcinoma of small intestine with metastasis 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.				INTERVAL BETWEEN ONSET AND DEATH 2 months	
	PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION 1-12-60		19B. MAJOR FINDINGS OF OPERATION Carcinoma of small intestine with metastasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ICAL ICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-7-59 TO 1-16-60 , THAT I LAST SAW THE DECEASED ALIVE ON 1-16-60 , AND THAT DEATH OCCURRED AT 9:53 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) [Signature]				22B. ADDRESS Safford Arizona		22C. DATE SIGNED 1-19-60	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, BLOG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
NER'S ICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
	25A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Jan. 19, 1960		25C. NAME OF CEMETERY OR CREMATORY Graham Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona	
IERAL ECTOR ND STRA	26A. DATE REC. BY LOCAL HEALTH DEPT.		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS 113 15 Ave	
	28A. EMBALMER'S SIGNATURE [Signature]		28B. EMBALMER'S CERT. NO. 764-11					