

4402

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - No. 3177
County Registrar's No. _____
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

1. County Pima District _____
Town or City Jucoson No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME All Sautter
(a) Residence. No. So. Stone St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>married</u>		16. DATE OF DEATH (month, day, and year) <u>May 15 1922</u>		
5a. If married, widowed, or divorced HUSBAND of <u>?</u> (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>5/5</u> , 19 <u>22</u> to <u>5/14</u> , 19 <u>22</u> , that I last saw h.w. alive on <u>5/4</u> , 19 <u>22</u> , and that death occurred, on the date stated above, at <u>1 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Small Pox</u> (duration) _____ yrs. _____ mos. <u>12</u> ds.		
6. DATE OF BIRTH (month, day and year)				CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.		
7. AGE <u>About 50</u>	Years	Months	Days	18. Where was disease contracted if not at place of death? _____		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Painter</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer _____				Did an operation precede death? _____ Date of _____ Was there an autopsy? _____		
9. BIRTHPLACE (city or town) (State or country) _____				What test confirmed diagnosis? (Signed) <u>A. B. Schuvaloff</u> M. D. <u>1/16</u> 19 <u>22</u> Address <u>Tucson Ariz</u> * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)		
10. NAME OF FATHER _____				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>County Cemetery</u> DATE OF BURIAL <u>May 15 1922</u>		
11. BIRTHPLACE OF FATHER (city or town) (State or country) _____				20. UNDERTAKER <u>Grinchaw Undertaking Company</u> ADDRESS <u>Tucson, Arizona</u>		
12. MAIDEN NAME OF MOTHER _____						
13. BIRTHPLACE OF MOTHER (city or town) (State or country) _____						
14. Informant (Address) <u>Cunningham</u>						
15. Filed <u>5/16</u> , 19 <u>22</u> at <u>2 P. M. Schuvaloff</u> Registrar						
V. S. No. 1						

JUN 10 1922