

9141

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Graham
District Pima
Town or city Pima

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 98
County Registrar's - No. _____
Local Registrar's - No. 7

2. FULL NAME Laura Gardner Nuttall
(If death occurred in a hospital or institution, give its NAME instead of street number)
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 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>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND or WIFE of <u>John Nuttall</u>		
6. DATE OF BIRTH (month, day and year) <u>June 10th 1859</u>		
7. AGE Years <u>66</u> Months <u>3</u> Days <u>0</u>	IF LESS than 1 day hrs. _____ or min. _____	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (city or town) <u>Provo City</u> (State or Country) <u>Utah</u>		
10. NAME OF FATHER <u>Chas Gardner</u>		
11. BIRTHPLACE OF FATHER <u>Huntsberg</u> (State or country) _____		
12. MAIDEN NAME OF MOTHER <u>Elizabeth Kellogg</u>		
13. BIRTHPLACE OF MOTHER _____ (State or country) <u>Massachusetts</u>		

16. DATE OF DEATH (month, day, and year) Sept 10th 1925

17. I HEREBY CERTIFY, That I attended deceased from Sept 8th 1925 to Sept 10th 1925 that I last saw her alive on Sept 10th 1925 and that death occurred, on the date stated above, at 3 p. m. The CAUSE OF DEATH* was as follows:
Fracture of skull from blow of an axe - by her son-in-law - R. C. L. Dryden
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____ if not at place of death? _____
Did an operation precede death? _____ date of _____
Was there an autopsy? no

What test confirmed diagnosis _____
Signed R. C. L. Dryden M. D.
Sept 12th 1925 (Address) Pima Ariz

* 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.)

14. Informant Miss Nuttall Maloy
(Address) _____

15. Filed Oct 5th 1925 Mrs. R. C. Dryden
Deputy Local Registrar.

Filed _____ 19____
V. S. No. 1 _____ County Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Pima Cemetery
20. UNDERTAKER _____
DATE OF BURIAL Sept 12th 1925
ADDRESS _____