

2642

MARGIN RESERVED FOR BINDING
N. E.—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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Graham State Arizona State File No. 125
 District or Township Safford or Village _____ Registered No. 51
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John H. Nuttall
 (a) Residence, No. Perma St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. _____ How long in U. S. if of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
 (Write the word)

6a. If married, widowed, or divorced
 HUSBAND of Rena Nuttall
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) May 14-1854

7. AGE Years 76 Months 4 Days 5 IF LESS than 1 day _____ hrs. _____ or _____ min. _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (city or town) Peru, Edinb.
 (State or country)

10. NAME OF FATHER Wm Nuttall

11. BIRTHPLACE OF FATHER _____ (city or town)
 (State or country) England

12. MAIDEN NAME OF MOTHER Reinmond Watson

13. BIRTHPLACE OF MOTHER Sheffield
 (State or country) England

14. Informant Floyd Nuttall
 (Address) Safford Arizona

15. Filed 5/8/1931 J. N. Stratton Registrar.
Perma

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 19-31 1931
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1931 to April 19, 1931
 that I last saw him live on April 18, 1931
 and that death occurred, on the date stated above, at 4:05 P.M.
 The CAUSE OF DEATH* was as follows:
Arteriosclerosis, Hemiplegia
Secondary
Nephritis
 (duration) _____ yrs. _____ mos. _____ ds.
 (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? _____
 What test confirmed diagnosis?
 (Signed) J. W. H. [Signature] M. D.
4/20 1931 (Address) Safford

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).

19. PLACE OF BURIAL, CREMATION OR REMOVAL Perma Ariz DATE OF BURIAL April 20-3
 ADDRESS _____

20. UNDERTAKER A. C. Rawson Safford

PARENTS