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MARGIN RESERVED FOR BINDING
N. B.—WRITE PEN INK ONLY, 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.

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

1. PLACE OF DEATH
 County Pima State Arizona State File No. 367
 Township _____ or Village _____ Registered No. 371
 City Tucson No. Pima County Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME L. C. Cave, also known as L. P. Littleton
 (a) Residence: No. Tucson, Arizona. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

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>Divorced</u>		21. DATE OF DEATH (month, day, and year) <u>April 7, 1931</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>March 1, 1931</u> , to <u>April 6, 1931</u> last saw him alive on <u>April 6, 1931</u> ; death is said to have occurred on the date stated above, at <u>9:15a</u> .	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			6. DATE OF BIRTH (month, day, and year) <u>Jan. 8, 1884</u>	The principal cause of death and related causes of importance were as follows: <u>Hyperostrophic arthritis</u> <u>1924</u>		
7. AGE Years <u>47</u> Months <u>2</u> Days <u>29</u>		If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset _____		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Purchasing Agent</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance:		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Name of operation _____ Date of _____ What test confirmed diagnosis <u>None</u> Was there an autopsy? <u>No</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> <u>Ireland</u>		13. NAME <u>James Cave</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.		
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> <u>Ireland</u>		15. MAIDEN NAME <u>Emily Highby</u>		Manner of injury _____ Nature of injury _____		
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> <u>England</u>		17. INFORMANT <u>Pima County Hospital</u> (Address) <u>Tucson, Arizona.</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Paul Thompson</u> M. D. (Address) <u>Tucson, Arizona.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Evergreen Cemetery</u> Date <u>4-14-31</u>		19. UNDERTAKER <u>TUCSON MORTUARY</u> (Address) <u>Tucson, Arizona.</u>		20. Filed <u>4/14/31</u> <u>J. M. Rain</u> Registrar		