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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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 68

1. PLACE OF DEATH

County Graham State Arizona Registered No. 51

Township Raymond or Village or

City St Thomas No. 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 50 yrs. mos. ds. How long in U. S. if of foreign birth? yes yrs. 109 ds.

2. FULL NAME William Oliver Tuttle Jr. (How long in state when death occured? 50 yrs. mos. ds.

(a) Residence: No. St Thomas, Ariz St., Ward. (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, or DIVORCED, (Write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tuttle

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years About 72 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) Wisconsin

FATHER

13. NAME William Tuttle Sr

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Agnes

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Frank J. Tuttle Cabin

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Date 6/8/ 1933

19. UNDERTAKER (Address) Wm Tyler Thatcher Ariz

20. Filed 7/8/ 1933 J. W. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June-7-, 1933

22. I HEREBY CERTIFY, That I attended deceased from June-7-, 1933, to June-7-, 1933

I last saw him alive on June-7-, 1933, death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pneumonia	8 days

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible] Ariz

SM 2-8-33 MS-4797

Back of Certificate to be used for any additional Information