

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. 98 REGISTERED NO. 47

1. PLACE OF DEATH COUNTY Graham STATE ARIZONA TOWNSHIP Pima OR VILLAGE Pima CITY _____ NO. _____ ST. _____ WARD _____

2. FULL NAME Thomas Fuller HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS. HOW LONG IN STATE SINCE DEATH OCCURRED? YRS. MOS. DS. (A) RESIDENCE: NO. Pima, Arizona ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-12-1881

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 55 One 27

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Labour

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 COUNTY) Utah

13. NAME Nephi Fuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Utah

15. MAIDEN NAME Elyzette Sappone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Elyzette Sappone

17. INFORMANT (ADDRESS) Robert Fuller

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 4/9/36

19. EMBALMER LICENSE NO. _____ SIGNATURE _____ FUNERAL DIRECTOR ADDRESS _____

20. FILED May 9, 1936 W. H. Shattler REGISTRAR (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4, 8, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 3-29, 1936 TO 4-8, 1936 I LAST SAW HIM LIVE ON 4, 8, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT at 9:00 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Influenza, Complicated Pneumonia, Chronic Rheumatism

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

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 _____ 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) J. W. Mearns M. D. (ADDRESS) _____

10M-11-22-34-REF-GAZ PRINTERY FORM 5 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION