

2583

97

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 97

1. PLACE OF DEATH
 COUNTY Graham STATE ARIZONA REGISTERED NO. 117
 TOWNSHIP _____ OR VILLAGE _____ OR _____
 CITY Safford NO. _____ ST. _____ WARD _____
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Ellen Nuttall
 (A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1900-25-39

7. AGE YEARS _____ MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____
 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) Safford (STATE OR COUNTY) Arizona

13. NAME Dwain Boyd Nuttall
 14. BIRTHPLACE (CITY OR TOWN) Albuquerque (STATE OR COUNTY) New Mexico

15. MAIDEN NAME Ellen Brewer
 16. BIRTHPLACE (CITY OR TOWN) Clayton (STATE OR COUNTY) Arizona

17. INFORMANT Wm. D. W. ... (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE ... DATE Nov 25, 1939

19. EMBALMER LICENSE NO. _____ SIGNATURE J. F. Nuttall FUNERAL DIRECTOR ADDRESS ...

20. FILED Nov 9, 1939 REGISTRAR ...

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1939
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov 25 only, 1939
 I LAST SAW HIM ALIVE ON Nov 25, 1939; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:00 a.m.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Cremation default DATE OF ONSET _____
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

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) ... M. D. (ADDRESS) ...

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.