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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 74
Registrar's No. 67

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location Ice House Canyon, Glob (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none (Specify whether years, months or days); In Community ; In Arizona life
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe (If outside city limits also write RURAL)
(d) Street No. 912 N. Broad St.- Business address; (e) Citizen of foreign country (Yes or No) No
If Yes, which country X
3. (a) FULL NAME William Edward Tuttle (b) If Veteran name war WORLD WAR I (c) Social Security No. 527-18-5231

4. Sex male
5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Ora Tuttle
6. (c) Age of husband or wife, if alive 52 yrs.
7. Birthdate of deceased Feburary 4, 1891 (Month) (Day) (Year)
8. AGE: Years 56 Months 6 Days 18 If less than one day hrs. min.
9. Birthplace Ft. Thomas, Arizona (City, town or county) (State or Country)
10. Usual Occupation Cafe business
11. Industry or Business resturant business
Father 12. Name William C. Tuttle
13. Birthplace Wisconsin (City, town or county) (State or Country)
Mother 14. Maiden Name Jane Tuttle
15. Birthplace Newson County, Missouri (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs Ora Vita Tuttle
(b) Address Ice House Canyon, Globe, Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery (c) Date Aug 26 1947
18. (a) Embalmer's Signature Frank B. Healy
(b) Funeral Director Frank B. Healy
(c) Address 328 S. Hill St., Globe, Ariz
19. (a) Aug. 25-47 (Date received Local Registrar)
(b) Irene Wanelle (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 22, 1947;
TIME (Hour and minute) 10:10 pm M.
21. I hereby certify that I attended the deceased from Sept. 1, 1946 to Aug. 22, 1947;
that I last saw him alive on Aug 22, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Tongue.
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature T. C. Harper M. D.
Address Globe, Ariz Date signed Aug. 23, 1947

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