

2461

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Gila  
District Globe  
Town Globe  
Or City Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 347

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 161

Local Registrar's No. \_\_\_\_\_

No. East First St. St.  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Phoebe Elizabeth Cluff

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE MARRIED <u>WIDOWED</u> or DIVORCED
DATE OF BIRTH <u>July 5<sup>th</sup> 1841</u> (Month) (Day) (Year)		
AGE <u>73</u> yrs. mos. days hrs., or min. If less than 1 day		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>Michigan</u>		
PARENTS	NAME OF FATHER <u>David Bunnell</u>	
	BIRTHPLACE OF FATHER State or country) <u>Ohio</u>	
	MAIDEN NAME OF MOTHER <u>Sallie Conrad</u>	
	BIRTHPLACE OF MOTHER State or country) <u>Germany</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. E. Cluff</u> (Address) <u>Central, Ariz.</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>August 9<sup>th</sup> 1914</u> (Month) (Day) (Year)
I hereby certify, that I attended deceased from <u>8/1</u> 1914 to <u>8/9</u> 1914; that I last saw her alive on <u>8/9</u> 1914, and that death occurred on the date stated above at <u>7 P.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Senility.</u>
(Duration) <u>3</u> yrs. <u>4</u> mos. <u>4</u> days
Was disease contracted in Arizona? <u>Yes</u>
If not, where? _____
CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days
(Signed) <u>G. E. Wickham</u> <u>8/10</u> 1914 (Address) <u>Globe</u>
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona <u>35</u> yrs. _____ mos. _____ ds.
Former or Usual Residence <u>Central</u>
Filed <u>Aug 10</u> 1914 <u>B. G. Sax</u> Local Registrar
Filed <u>Aug 11</u> 1914 <u>B. G. Sax</u> County Registrar

PLACE OF BURIAL OR OR REMOVAL <u>Central Ariz.</u>	DATE OF BURIAL OR REMOVAL <u>Aug 12</u> 1914
UNDERTAKER <u>J. L. James</u>	ADDRESS <u>Globe, Ariz.</u>