1923

185

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~564~~ 185

County Registered No. 2483

Local Registrar's No. 249

PLACE OF DEATH

County: Maricopa

District: No 3

Town Or City: Alma

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

FULL NAME Darius S Clement

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: X White, Indian, Black, Chinese, Mexican

X SINGLE, MARRIED, WIDOWED, or DIVORCED

DATE OF BIRTH: Nov (Month) 24 (Day) 1834 ~~191~~ (Year)

AGE: 82 yrs. 5 mos. 28 days; If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed or (employer): "

BIRTHPLACE (State or country): N Y

PARENTS
NAME OF FATHER: Thomas Clement
BIRTHPLACE OF FATHER (State or country): N. Y.
MAIDEN NAME OF MOTHER: Betsy Hoole
BIRTHPLACE OF MOTHER (State or country): N. Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs D Clement

(Address): Mesa

PLACE OF BURIAL ~~OR REMOVAL~~: Mesa Cemetary

DATE OF BURIAL ~~OR REMOVAL~~: May 23 1917

UNDERTAKER: W. G. Burton & Son

ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 2 (Day) 1917 (Year)

I hereby certify, that I attended deceased from ..... 191..... to ..... 191.....; that I last saw h..... alive on ..... 191....., and that death occurred on the date stated above at 5 a. M. The DISEASE or INJURY causing death was as follows: Bright's disease and old age

..... (Duration) ..... yrs. ..... mos. ..... days.

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

..... (Duration) ..... yrs. ..... mos. ..... days.

(Signed) W. A. Kingsbury, Coroner

May 2 1917 (Address) Mesa, Ariz.

*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 // yrs. ..... mos. ..... ds.

Former or Usual Residence: Utah

Filed May 24 1917 — J. E. Drake, Local Registrar

Filed June 11 1917 — [illegible], County Registrar

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.

PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS.