1939

PLACE OF DEATH

County Graham

District Thatcher

Town Or City —

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 159a

County Registered No. 58

Local Registrar's - No. 58

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Max Cluff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Boy

~~Color or Race~~ White ~~Indian~~ ~~Black Chinese~~ Mexican

SINGLE ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: Sept 12 1915 (Month) (Day) (Year)

AGE: 4 yrs. 6 mos. 6m days hrs., or ..... min. If less than 1 day

OCCUPATION
(a) Trade, profession or particular kind of work: no.
(b) General nature of industry, business, or establishment in which employed or (employer): no

BIRTHPLACE (State or Country): Arizona

PARENTS
NAME OF FATHER: John H Cluff
BIRTHPLACE OF FATHER (State or Country): Utah
MAIDEN NAME OF MOTHER: Barbara W. Guinn
BIRTHPLACE OF MOTHER (State or country): Ky.

The Above is True to the Best of My Knowledge
(Informant) John H Cluff
(Address)

PLACE OF BURIAL OR REMOVAL: Pima

DATE OF BURIAL OR REMOVAL: 3/14 20 19—

UNDERTAKER: None

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 13, 1920 (Month) (Day) (Year)

I hereby certify that I attended deceased from March 1920 to March 13 1920; that I last saw he alive on 3/13 1920, and that death occurred on the date stated above at 6 a M. The DISEASE or INJURY causing death was as follows: Bronchitis

(Duration)) 2 yrs. — mos 13 days

Was disease contracted in Arizona? yes

If not, where? — —

CONTRIBUTORY — — —

(Duration) — yrs. — mos. — days. —

(Signed) W. E. Platt

3/13 1920 (Address) Thatcher - Arizona

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 4 yrs. 6 mos. 1 ds. In Ariz. ... yrs. ... mos. ... ds.

Former or Usual Residence Thatcher Ariz

Filed 8-5- 1922 Alma Burns
Local Registrar.

Filed 8/10 1922 J. M. Thatcher
County Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner (b) Cotton mill; (a) Salesman (b) Grocery; (a) Foreman (b) Automobile factory.

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

MARGIN RESERVED FOR BINDING.

FILL OUT ALL BLANKS.

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 to secure this information. Incorrect certificates will be returned for correction.