9615

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. [illegible]

County Register No. 9497

St. Local Registrar's No. 9313

nty Maricopa

rict Tollerson

Arizona

r City ..... No. 15 Miles SW of Phoenix

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

FULL NAME Robert C. Claighorne

ERSONAL AND STATISTICAL PARTICULARS

	COLOR or RACE		
Cal	White	Indian	SINGLE ✓
	Black	Chinese	MARRIED
	Mexican		WIDOWED or DIVORCED

E OF BIRTH

..... (Month) ..... (Day) ....., 19.... (Year)

1 yrs. ..... mos. ..... days. If less than 1 day ..... hrs., or ..... min.

UPATION

Trade, profession or ticular kind of work Farmer

General nature of industry, ness, or establishment in ich employed (or employer) —

THPLACE ate or country.) Ind

NAME OF FATHER Joe Claighorne

BIRTHPLACE OF FATHER (State or country.) Ky

MAIDEN NAME OF MOTHER Pauline Evans

BIRTHPLACE OF MOTHER (State or country.) Ky

above is true to the best of my knowledge.

nformant) D. W. Deaton

ddress) 15 SW of Phoenix

e of Burial or Removal: rest Lawn

Date of Burial or Removal: 8/10/ 1920

rtaker: Cunnymanco - Phoenix

Address

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9, 1920 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Aug 7 1920, to Aug 9, 1920; that I last saw him alive on Aug 7, 1920, and that death occurred on the date stated above at 5 A.M. The DISEASE or INJURY causing death was as follows: Apoplexia

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

Was disease contracted in Arizona? Yes

If not, where? .....

CONTRIBUTORY .....

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

(Signed) W. C. Hackett, M. D.

Aug 10, 1920. (Address) Phoenix 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 14 years ..... months ..... days.

In Arizona 14 years ..... months ..... days.

Former or Usual Residence 15 Miles SW of Phx

Filed Aug 11, 1920 [illegible] Local Registrar.

A True Copy

Filed 8/27, 1920 H. R. Carson County Registrar.

MARGIN RESERVED FOR BINDING.

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

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 the word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.