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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 239

County Registrar's No. 10052

Local Registrar's - No. 9736

PLACE OF DEATH

County Maricopa

District

Town Or City Phoenix

No. ~~Co. T. B. Hospital~~ Co. Poor Farm St.

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

FULL NAME Oscar McCluren

PERSONAL AND STATISTICAL PARTICULARS

SEX Male ~~Female~~

Color or Race: White (circled) Indian Black Chinese Mexican

SINGLE MARRIED (circled) WIDOWED or DIVORCED

DATE OF BIRTH June (Month) 6 (Day) 1852 (Year)

AGE 68 yrs. ..... mos. ..... days | If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or Country) Ohio

PARENTS

NAME OF FATHER Unk

BIRTHPLACE OF FATHER (State or Country) Unk.

MAIDEN NAME OF MOTHER Sarah Gates

BIRTHPLACE OF MOTHER (State or Country)

The Above is True to the Best of My Knowledge.

(Informant) C. A. Perrigo

(Address) County Hospital

PLACE OF BURIAL OR REMOVAL County Cem

DATE OF BURIAL OR REMOVAL Dec 20 1920

UNDERTAKER Ad Moore & Son

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 19 (Day) 1920 (Year)

I hereby certify that I attended deceased from ..... 192....., to ..... 192.....; that I last saw h..... alive on ..... 192....., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows:

Cerebral hemorrhage

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

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

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

(Signed) H. R. Carson

Dec 20 1920 (Address) Phx Ariz.

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

LENGTH OF RESIDENCE

At place of death 2 yrs. ..... mos. ..... ds. In Ariz. unknown yrs. ..... mos. ..... ds.

Former or Usual Residence Ohio

Filed Dec 20 192 [signature] Local Registrar.

Filed Jan 11 1921 Grant S. Manicar County Registrar.