ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3459

CERTIFICATE OF DEATH

REGISTRAR'S NO. 7-31

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 17 yrs; IN ARIZONA 17 yrs
C. CITY OR TOWN: Safford — IN CITY LIMITS ☐ OUTSIDE CITY LIMITS ☒
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mile South Bowie Hwy

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford — IN CITY LIMITS ☐ OUTSIDE CITY LIMITS ☒
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1 mile South Bowie Hwy
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Vesta B. (MIDDLE) CLIFF C. (LAST) MORRIS
4. SEX: Fe
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ruben
7. DATE OF BIRTH: MONTH Nov DAY 19 YEAR 1919
8. AGE (IN YEARS LAST BIRTHDAY): 38
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: —
14A. FATHER'S NAME: Archibald C. Cluff
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Vennus Nielsen
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Ruben Morris — ADDRESS: Safford
17. DATE OF DEATH: (MONTH) May (DAY) 4 (YEAR) 1958

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
(THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.)
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Metastatic Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM September, 1957 TO 4 May 1958, THAT I LAST SAW THE DECEASED ALIVE ON 4 May, 1958 AND THAT DEATH OCCURRED AT 12:31 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Rogers, MD
22B. ADDRESS: Safford, Ariz
22C. DATE SIGNED: 5-6-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 5-7-58
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz
26A. DATE REC'D BY LOCAL REG.: May 8 1958
26B. REGISTRAR'S SIGNATURE: Mrs. Estella Gage
27A. FUNERAL DIRECTOR'S SIGNATURE: W. A. McAdoo
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: W. A. McAdoo
28B. EMBALMER'S CERT. NO.: 291

FORM VS-2 REV. 3-12-53

95 05
E OF DEATH
AND 76
L RESIDENCE
X-
ECEDENT 1
ERSONAL 138
DATA 8
558
170 X
CAUSE
OF
DEATH
(ITEM 18) 0
0
ERATIONS, 0
UTOPSY
MEDICAL 4
IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S
IFICATION
UNERAL 58
IRECTOR
AND
GISTRAR
117