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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 9465

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 306

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 3 Hrs. IN ARIZONA 40 Yrs
C. CITY OR TOWN: Wickenburg — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Community Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Congress — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 53
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) James B. (MIDDLE) Houston C. (LAST) Clubb
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Maebelle Floyd
7. DATE OF BIRTH: MONTH Sept. DAY 16 YEAR 1910
8. AGE (IN YEARS LAST BIRTHDAY): 49 — 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): Miner
9B. KIND OF BUSINESS OR INDUSTRY: Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
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.: 526-07-2401
14A. FATHER'S NAME: Andrew Clubb
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Sally Test
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Charlotte Levon Clubb — ADDRESS: Congress, Arizona
17. DATE OF DEATH: (MONTH) Dec. (DAY) 3 (YEAR) 1959

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.)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH — MEDICAL CERTIFICATION
(A) Concussion; intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2½ hours
DUE TO (B) auto accident — 3½ hours
DUE TO (C)

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

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: numerous contusions of multiple injury — 3½ h

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-3-59 7 PM 19 59 TO 9:30 PM 19 59, THAT I LAST SAW THE DECEASED ALIVE ON 12-3 19 59 AND THAT DEATH OCCURRED AT 9:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Johnson (DEGREE OR TITLE) MD
22B. ADDRESS: Box 276 Wickenburg Ariz
22C. DATE SIGNED: 12-5-59

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway 60-10-93-93
23C. (CITY OR TOWN) (COUNTY) (STATE): Wickenburg Maricopa Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 12-3-59 6:15 P. M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Automobile Ran Into Back Of Parked Truck

24A. CORONER'S SIGNATURE: R. L. Wentall, Coroner
24B. ADDRESS: Box 794, Wickenburg
24C. DATE SIGNED: 12/5/59

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-6-59
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
26A. DATE REC. BY LOCAL REG.: 12-8-59
26B. REGISTRAR'S SIGNATURE: Mrs F. H. Washter
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger
27B. ADDRESS: Wickenburg Arizona
28. EMBALMER'S SIGNATURE: H. L. Coffinger
28B. EMBALMER'S CERT. NO.: 188-A

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