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ORIGINAL ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

State Index No. 209

PLACE OF DEATH County Maricopa

District

Town or City Phoenix

CERTIFICATE OF DEATH

County Registrar No. 359

No. 600 S. 5th Ave St. Local Registrar's No. 13001

FULL NAME James E. Clifford

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH

AGE 50 yrs about

OCCUPATION Miner

BIRTHPLACE Unknown

PARENTS

NAME OF FATHER BIRTHPLACE OF FATHER MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER

The above is true to the best of my knowledge.

(Informant) (Address)

Place of Burial or Removal Date of Burial or Removal Undertaker Address

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1922

I hereby certify, that I attended deceased from Feb 25 1922, to Feb 28 1922, that I last saw him alive on Feb 28 1922, and that death occurred on the date stated above at Phoenix M. The DISEASE or INJURY causing death was as follows:

Pneumonia (Duration) yrs. mos. days

Was disease contracted in Arizona? If not, where?

CONTRIBUTORY Influenza (Duration) yrs. mos. days (Signed) Elizabeth Purney

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE At place of death 5 city years months days In Arizona Unknown months days Former or Usual Residence Unknown

Filed Mar. 4 1922 Elizabeth Purney deputy Local Registrar

Filed Mar. 16 1922 A True Copy County Registrar

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.