2503

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.

PLACE OF DEATH

County Graham

District Safford

Town Or City ,,

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 89

County Registrar's No. 63

Local Registrar's - No. 63

No. ..... St.

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

FULL NAME Margret Anetta Cluff

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: (White) Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Oct (Month) 19 (Day) 1868 ~~192~~ (Year)

AGE: 52 yrs. 10 mos. 15 days | If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed or (employer) .....

BIRTHPLACE (State or Country): Utah

PARENTS

NAME OF FATHER: Nelson D. Mattice

BIRTHPLACE OF FATHER (State or Country): Canada

MAIDEN NAME OF MOTHER: Nancy Aretta Porter

BIRTHPLACE OF MOTHER (State or Country): Iowa

The Above is True to the Best of My Knowledge.

(Informant) John Mattice

(Address) .....

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL OR REMOVAL ..... 192...

UNDERTAKER | ADDRESS

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 4 (Day) 1922 (Year)

I hereby certify that I attended deceased from July 20 1922, to Aug 4, 1922; that I last saw her alive on Aug 4 1922, and that death occurred on the date stated above at 5 P. M. The DISEASE or INJURY causing death was as follows: Cancer of the Liver and the large Intestine and Uterus

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

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

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

(Signed) Roderick Williams

8-12 1922 (Address) Safford 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 ..... yrs. ..... mos. ..... ds. In Ariz. ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed 9-5 1922 Alma Burns, Local Registrar.

Filed 9/10 1922 J. N. Hutton, County Registrar.