1240

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many ...

carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE—Individual offices may add to above list of undesirable terms and refuse to accept certificates ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 115
County Registrar's - - No.
Local Registrar's - - - No. 183

PLACE OF DEATH

1. County Graham
District
Town or City Pima No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME John Henry Cluff

(a) Residence. No. Pima Graham Co St., Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: mal

4. COLOR or RACE: White American

5. ~~SINGLE, MARRIED,~~ WIDOWED ~~or DIVORCED~~ (Write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margarett Farran (Deceased)

6. DATE OF BIRTH (month, day and year) Jan. 18 1864.

7. AGE: Years 61, Months 2, Days 2. IF LESS than 1 day ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Provo
(State or country) Utah

PARENTS

10. NAME OF FATHER Moses & Cluff

11. BIRTHPLACE OF FATHER (city or town)
(State or country) England

12. MAIDEN NAME OF MOTHER Rebecca Langman

13. BIRTHPLACE OF MOTHER (city or town) Cambridgeshire
(State or country) England

14. Informant Archie Cluff
(Address)

15. Filed Apr 9, 1925 [signature] Local Registrar.

Filed ..., 19 ... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 20" 1925

17. I HEREBY CERTIFY, That I attended deceased from Not attended to, 19

that I last saw h... alive on ..., 19...,

and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

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(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? So. California

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) R C Dryden, M. D.
3/23/25 (Address) Pima

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Pima Cemetery

DATE OF BURIAL: March 22 1925

20. UNDERTAKER: —

ADDRESS: —