

2000

MARGIN RESERVED FOR BINDING
FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE EXACT STATEMENT OF OCCUPATION IN VERY BRIEF AND CONCISE MANNER. USE THIS DETAIL IN PLACE OF OCCUPATION.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Graham
District _____
Town or City Pima

BUREAU OF VITAL STATISTICS

State Index - - - - No. 117
County Registrar's - - No. _____
Local Registrar's - - - No. 3

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME David William Cluff
(If death occurred in a hospital or institution, give its NAME instead of street number)
(a) Residence No. _____ (Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE white 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

6a. If married, widowed, or divorced HUSBAND of Nancy Cluff (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Oct. 6, 1860

7. AGE Years 64 Months 8 Days 0 IF LESS than 1 day _____ hrs. or _____ min.

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

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

10. NAME OF FATHER Moses A Cluff

11. BIRTHPLACE OF FATHER England (State or country) _____

12. MAIDEN NAME OF MOTHER Ann Bond

13. BIRTHPLACE OF MOTHER England (State or country) _____

14. Informant William Cluff (Address) _____

15. Filed July 3rd 1925 - Mrs. P. G. Dryden Deputy Local Registrar. V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 6th 1925

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ 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: Accidental, struck by train, lived about one hour.

(duration) yrs. mos. ds.

CONTRIBUTION (Secondary) (duration) yrs. mos. ds.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____ (Signed) P. G. Dryden M. D.

July 3rd 1925 (Address) Pima Ariz.

* 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 June 8 1925

20. UNDERTAKER _____ ADDRESS _____