9146

MARGIN RESERVED FOR BINDING

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. 102
County Registrar's - No.
Local Registrar's - No. 8

PLACE OF DEATH

1. County Graham
District Pima
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 Nancy Porter Cluff

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of David Cluff

6. DATE OF BIRTH (month, day and year) Jan 28th 1873

7. AGE: Years 52 | Months 7 | Days 27 | IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) (State or Country) Portersville Utah

PARENTS

10. NAME OF FATHER Sanford Porter
11. BIRTHPLACE OF FATHER (city or town) (State or country)
12. MAIDEN NAME OF MOTHER Malinda A Porter
13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant Mrs Cluff
(Address)

15. Filed Oct 5th 1925 Mrs R. C. Dryden Deputy Local Registrar.
Filed 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 25th 1925

17. I HEREBY CERTIFY, That I attended deceased from Aug 23rd 1925 to Sept 25th 1925 that I last saw h~~er~~ alive on Sept 25 1925 and that death occurred, on the date stated above, at 4:30 P m.
The CAUSE OF DEATH* was as follows:
Heart Failure
Mitral Insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (secondary) Cirrhosis of Liver (duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No date of
Was there an autopsy? No
What test confirmed diagnosis?
Signed R. C. Dryden M. D.
Oct 5th 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 Sept 27th 1925

20. UNDERTAKER — ADDRESS