

784

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Graham, State: Arizona, District or Township: Safford, City: Pinal
2. FULL NAME: Ardeth K. Cluff
Residence: Pinal, Ariz.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: male
4. COLOR or RACE: white
5. SINGLE, MARRIED, WIDOWED or DIVORCED: single
6. DATE OF BIRTH: July-20-28
7. AGE: 2 Years, 1 Day

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: July 31, 1930
17. I HEREBY CERTIFY, That I attended deceased from July 28, 1930 to July 31, 1930
that I first saw him live on July 31, 1930
and that death occurred, on the date stated above, at 12:30 P.M.
The CAUSE OF DEATH\* was as follows:
Diphtheria

8. OCCUPATION OF DECEASED
9. BIRTHPLACE (city or town) (State or country): Pinal, Ariz.
10. NAME OF FATHER: Earl J. Cluff
11. BIRTHPLACE OF FATHER: Pinal, Ariz.
12. MAIDEN NAME OF MOTHER: Madeline
13. BIRTHPLACE OF MOTHER: Pinal, Ariz.

18. Where was disease contracted?
Did an operation precede death?
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. M. Brandon, M.D.
Pinal, Ariz.

14. Informant: J. M. Brandon, Pinal, Arizona
15. Filed: Aug-8-19, Registrar: L. N. Shannon

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Pinal, Arizona
DATE OF BURIAL: Aug 1-1930
20. UNDERTAKER: Isaac Blake, Pinal

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.