

1923

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

1. PLACE OF DEATH
County: Maricopa State: Arizona
District or Township: Litchi or Village:
City: Mesa No. St. Ward
2. FULL NAME: Alpha Jane Cluff
(a) Residence, No.: Mesa, Ariz. St.: Ward:
Length of residence in city or town where death occurred: 12 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: Married
5a. If married, widowed, or divorced: HUSBAND of Henry Le Roy Cluff (or) WIFE of
6. DATE OF BIRTH (month, day and year): Oct 9
7. AGE: 22 Years, 11 Months, 19 Days
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): Taylor, Ariz.
10. NAME OF FATHER: R. M. Jensen
11. BIRTHPLACE OF FATHER (State or country) (city or town): Taylor, Ariz.
12. MAIDEN NAME OF MOTHER: Sally Palmer
13. BIRTHPLACE OF MOTHER (State or country) (city or town): Indianapolis, Ind.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: Sept 28 1930
17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1930 to one visit only 1930, that last saw h. w. alive on Sept. 24 7 P.M. 1930, and that death occurred, on the date stated above, at 12 P.M. The CAUSE OF DEATH* was as follows:
Aortic regurgitation caused from Rheumatic attack (infected tonsils) ten years ago.
CONTRIBUTORY (Secondary) Confinement (A.B.)
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? Heart Sound, water hammer pulse, droping, apyrexia etc.
(Signed) Albert P. ... M. D.
* 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.)

14. Informant: Henry Le Roy Cluff (Address) Mesa, Ariz.
15. Filed: 10-2, 1930 by: W. H. Brown Registrar.
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mesa Cemetery DATE OF BURIAL: 10-1-30
20. UNDERTAKER: Melburn Mortuary ADDRESS: Mesa, Ariz.

MARGIN RESERVED FOR BINDING. 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.