1419

Corresponding birth certificate unobtainable.

...ARD OF HEALTH STANDARD CERTIFICATE OF DEATH

County Gradison State Ohio State File No. 67 V

District or Township Jefferson or Village Pima Registered No. 66

City Pima No. ... St., ... or ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John T. Cliff

(a) Residence, No. Pima 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 ... yrs. ... mos. 3 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. (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Style

6. DATE OF BIRTH (month, day and year) July 28-32

7. AGE Years — Months — Days 3 IF LESS than 1 day 3 hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer) None

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pima

PARENTS

10. NAME OF FATHER Jesse S Cliff

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

12. MAIDEN NAME OF MOTHER Edna Cox

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

14. Informant Jesse S Cliff (Address) Pima

15. Filed Aug-8, 1932 J. W. Stratton Registrar. By O. H. Lopez

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) 1 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-24, 1932 to 8-1, 1932 that I last saw him alive on 8-14, 1932 and that death occurred, on the date stated above, at 11 30 P m. The CAUSE OF DEATH* was as follows:

Premature

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

CONTRIBUTORY (Secondary) Premature

(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) J. W. Morris, M. D. 1932 (Address) Sopkind

* 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

DATE OF BURIAL 8/2/32

20. UNDERTAKER Joe Rosebery

ADDRESS Pima

MARGIN RESERVED FOR BINDING

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