112

Supplement Attached

104

STANDARD CERTIFICATE OF DEATH — **Arizona State Board of Health** — BUREAU OF VITAL STATISTICS — STATE FILE NO.

1. PLACE OF DEATH

COUNTY Graham STATE ARIZONA REGISTERED NO. 44

TOWNSHIP Pima OR VILLAGE OR

CITY Pima NO. Squitt Hospital ST. WARD

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 32 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 32 YRS. MOS. DS.

2. FULL NAME Archibald C. Cuff. HOW LONG IN STATE WHEN DEATH OCCURRED? 32 YRS. MOS. DS.

(A) RESIDENCE: NO. Pima, Arizona ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Venice Cluff.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16-1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	46		4	

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Pima (STATE OR COUNTY) Ariz.

FATHER

13. NAME John Cluff.

14. BIRTHPLACE (CITY OR TOWN) Utah (STATE OR COUNTY)

MOTHER

15. MAIDEN NAME Margret Ferrin

16. BIRTHPLACE (CITY OR TOWN) Utah (STATE OR COUNTY)

17. INFORMANT (ADDRESS) Vernon Cluff Pima, Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pima Ariz. DATE April 22 1936

19. EMBALMER LICENSE NO. 116 A SIGNATURE

FUNERAL DIRECTOR W. C. Rawson

ADDRESS Safford

20. FILED By 6/9/1936 J. H. Stratton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM April 12, 1936 TO April 20, 1936

I LAST SAW HIM ALIVE ON April 20, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4 07 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Peritonitis, following a perforating ulcer of the stomache

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19

WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

IF SO, SPECIFY

(SIGNED) F. W. Bittler, M. D.

(ADDRESS)

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

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.