9276

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 68

1. PLACE OF DEATH — County Graham — State ARIZONA — Registered No. 24.

Township ____ or Village Central or

City ____ No. ____ St., ____ Ward

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

Length of residence in city or town where death occurred ____ yrs. 10 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Edwin Cluff. How long in State when death occurred? 51 yrs. ____ mos. ____ ds.

(a) Residence: No. Central Ariz. St., ____ Ward ____ (If non-resident give city or town and state)

(Usual place of abode)

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 None

6. DATE OF BIRTH (month, day, and year) Feb. 6. 1887

7. AGE — Years 51 — Months 1 — Days 10 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) (State or Country) Central Ariz.

FATHER

13. NAME Joseph Edwin Cluff.

14. BIRTHPLACE (city or town) (State or Country) Provo. Utah.

MOTHER

15. MAIDEN NAME Elizabeth Moody.

16. BIRTHPLACE (city or town) (State or Country) St George Utah.

17. INFORMANT (Address) Verney Cluff. Central Ariz.

18. BURIAL, CREMATION, OR REMOVAL. Place Central Ariz. Date Mar. 18 1938

19. EMBALMER — License No. ____ Signature ____

FUNERAL DIRECTOR W. C. Rawson

Address Safford Ariz.

20. Filed April 9 1938 J. W. Hatton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to 3-16, 1938

I last saw him alive on 3-16, 1938; death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows: — Date of Onset

Carcinoma of fine & gall bladder

Other contributory causes of importance:

a Cute Gastritis

Name of operation NO Date of ____

What test confirmed diagnosis? ____ 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) J. W. Harris M. D.

(Address) Safford Ariz.

10M—6-12-36—MS—Form 3—100% RAG Copy of Certificate to be used for any Additional Information