4180

38

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 63

1. Place of Death: (a) County Cochise (b) City or Town Bisbee (If outside city limits also write RURAL) (c) Location C.O. Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution since June, 8th Community 2 weeks (Specify whether years, months or days); In Arizona 2 weeks

2. Usual Residence of Deceased: (a) State Chihuahua; (b) County Colonia Dublan (c) ~~Place or Town~~ Mexico (If outside city limits also write RURAL)

(d) Street No. ---- ------; (e) If foreign born, in U. S. A. 2-weeks

3. (a) FULL NAME Ferrin Cluff (b) If veteran name war ---- (c) Social Security No. ---- (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Single

6. (b) Name of husband or wife --- ----- 6. (c) Age of husband or wife, if alive ---yrs.

7. Birthdate of deceased About (Month) 1924 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 17			hrs. min.

9. Birthplace Colonia Garcia Dublan Mexico (City, town or county) (State or Country)

10. Usual Occupation At School

11. Industry or Business ----------

Father { 12. Name Archibald Cluff; 13. Birthplace Pima, Arizona (City, town or county) (State or Country)

Mother { 14. Maiden Name Venice Nielsen; 15. Birthplace Colonia, Juarez, Chih. Mex. (City, town or county) (State or Country)

16. (a) Informant's own signature F. R. Cluff (b) Address Bisbee Arizona

17. (a) Burial, Cremation or Removal Burial (b) Place Bisbee (c) Date 6/15/41

18. (a) Embalmer's Signature Hugh Dugan Jr (b) Funeral Director John B. Dugan (c) Address Bisbee, Arizona.

19. (a) June 18, 1941 (Date received local Registrar) (b) O. B. Moore (Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 14, 1941
TIME (Hour and minute) 5:30 P. M.

21. I hereby certify that I attended the deceased from June 8, 1941 to June 14, 1941; that I last saw him alive on June 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Spreading peritonitis

Due to Perforated gangrenous appendicitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy as above

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Hal W. Price M. D.
Address Bisbee Ariz. Date signed 6-14-41