

1858

153

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. 98

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location North side Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Two days; In Community Two years; In Arizona Lifetime
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. 403 E. 1st Ave.; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Esther Clara Cluff (b) If veteran name war NO (c) Social Security No. NO
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife William D. Cluff 6. (c) Age of husband or wife 44 yrs.
7. Birthdate of deceased Aug. 24 1898
(Month) (Day) (Year)
8. AGE: Years 42 Months 10 Days 15 If less than one day hrs. _____ min. _____

9. Birthplace Pima, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business _____
Father { 12. Name William E. McBride
13. Birthplace Santaquin, Utah
(City, town or county) (State or Country)
Mother { 14. Maiden Name Mary E. Lyons
15. Birthplace Goshen, Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature William D. Cluff
(b) Address 403 E. 1st Ave. Mesa, Arizona.

17. (a) Burial, Cremation or Removal Removal
(b) Place Pima, Arizona (c) Date July 10, 41
18. (a) Embalmer's Signature Loren V. Guthrie, Jr.
(b) Funeral Director Loren V. Guthrie, Jr.
(c) Address Mesa, Ariz.

19. (a) 7-8-41
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 8, 1941;
TIME (Hour and minute) 1:05 P.M.
21. I hereby certify that I attended the deceased from 4-1-41
to 7-8-41, 19____;
that I last saw her alive on 7-8-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Dermomyositis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
1-1-41
7-8-41
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? _____ (c) Means of injury _____
23. Signature [Signature] M. D.
Address Mesa, Ariz. Date signed 7-8-41