4943

179

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 225
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Joseph's Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 9 days (Specify whether years, months or days); In Community 9 days; In Arizona 46 years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Roosevelt (If outside city limits also write RURAL)
(d) Street No. (Roosevelt, Arizona); (e) If foreign born, in U. S. A. No yrs.
3. (a) FULL NAME Oscar B. Cline (b) If veteran name war No (c) Social Security No. None (If NONE write the word)

4. Sex Male
5. Color or Race White
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Nora
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased December 17, 1895 (Month) (Day) (Year)
8. AGE: Years 46 Months 1 Days 24 If less than one day hrs. ..... min. .....
9. Birthplace Tonto Basin, Arizona (City, town or county) (State or Country)
10. Usual Occupation Cattle Rancher
11. Industry or Business
Father: 12. Name John L. Cline
13. Birthplace Santa Clara, California (City, town or county) (State or Country)
Mother: 14. Maiden Name Martha Crabtree
15. Birthplace Not known (City, town or county) (State or Country)
16. (a) Informant's own signature Leck Cline
(b) Address Roosevelt, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Roosevelt, Arizona Cline Cemetery (c) Date 2-14 1942
18. (a) Embalmer's Signature W. L. Murphy
(b) Funeral Director W. L. Murphy
(c) Address J.T. Whitney Funeral Home, Phoenix
19. (a) FEB 13 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 10, 1942;
TIME (Hour and minute) 10:54 P. M.
21. I hereby certify that I attended the deceased from ....., 1939 to Feb. 10, 1942;
that I last saw him alive on Feb. 10, 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death MYELOGENOUS LEUKEMIA
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy - Findings not yet available

DURATION: 2 YEARS

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 [signature] M. D.
Address 15 E. Monroe Date signed Feb. 11-1942