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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 29  
Registrar's No. 29

1. Place of Death: (a) County Graham (b) City or Town Central (c) Location \_\_\_\_\_ (St. & No. (or) Name of Institution)  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution None; In Community 50 yrs.; In Arizona 63 yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Thatcher  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Brighan Harris Cluff (b) If veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(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 Eliza E. Cluff 6. (c) Age of husband or wife, if alive 69 yrs.  
7. Birthdate of deceased May 18 1869  
(Month) (Day) (Year)  
8. AGE: Years 73 Months 10 Days 11 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Provo Utah  
(City, town or county) (State or Country)  
10. Usual Occupation Farmer  
11. Industry or Business \_\_\_\_\_

12. Name Morris Cluff  
13. Birthplace Berkham New Hampshire  
(City, town or county) (State or Country)  
14. Maiden Name Rebecca Langman  
15. Birthplace England  
(City, town or county) (State or Country)

16. (a) Informant's own signature Eliza Cluff  
(b) Address Provo, Utah

17. (a) Burial, Cremation or Removal Buried  
(b) Place Central Ariz (c) Date Mar 31 1942

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director W. C. Rawson  
(c) Address Safford Ariz

19. (a) May 14 1942  
(Date received local Registrar)  
(b) W. H. Stratton  
(Registrar's Signature) Address Safford

20M 100% Form 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar 29 1942  
TIME (Hour and minute) 8. A. M.

21. I hereby certify that I attended the deceased from July 1941 to Mar 28 1942  
that I last saw him alive on March 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
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) Nature of injury \_\_\_\_\_

DURATION 18 mos.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Signature W. H. Stratton M. D.  
Address Safford Date signed March 30 1942