[redacted]

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 227
Registrar's No. 261

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 5 months; In Community 5 months (Specify whether years, months or days); in Arizona 52 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) Citizen of foreign country (yes or No) No
If Yes, which country

3. (a) FULL NAME Joseph H. Cline (b) If Veteran name war None (c) Social Security No. None

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

6. (b) Name of husband or wife Edith
6. (c) Age of husband or wife, if alive 50 yrs.

7. Birthdate of deceased October (Month) 1 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
52	4	13	hrs. ... min.

9. Birthplace Roosevelt (City, town or county) Arizona (State or Country)

10. Usual Occupation Cattle Rancher

11. Industry or Business

Father
12. Name John L. Cline
13. Birthplace Santa Clara, (City, town or county) California (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 Marjorie C. Chilson
(b) Address Roosevelt, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Roosevelt, Ariz. (c) Date 2-16 19 43

18. (a) Embalmer's Signature Leo Nussbaum
(b) Funeral Director W. L. Murphy
(c) Address Whitney Funeral Home, Phoenix

19. (a) FEB 17 1943 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Reg 8-42 B. Co.

County File No. ... Date Received ...

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 14, 19 43;
TIME (Hour and minute) 8:55 A. M.

21. I hereby certify that I attended the deceased from Aug, 19 42 to Feb 14, 19 43; that I last saw him alive on Feb 13, 19 43; and that death occurred on the date and hour stated above.

Immediate cause of death: Aplastic Anemia — DURATION: 5 months

Due to ...

Due to ...

Other conditions (Include pregnancy within 3 months of death) ...

Major findings:
Of operations ...
Of autopsy yes - St Joseph's.

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 Frank J. Mulloy M. D.
Address 154 Monroe Date signed 2-15-43