2561

State File No. 85
Registrar's No. 85

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Graham (b) City or Town Central (If outside city limits also write RURAL) (c) Location Ellsworth Clinic (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ____; In Community 62 yrs (Specify whether years, months or days); in Arizona 62 yrs

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Graham; (c) City or Town Central (If outside city limits also write RURAL)

(d) Street No.; (e) Citizen of foreign country (yes or No); If Yes, which country

(b) If Veteran name war None; Social Security No. None (If NONE write the word)

3. (a) FULL NAME Elizabeth Cluff

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

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

7. Birthdate of deceased Sept. (Month) 19 (Day) 1866 (Year)

8. AGE: Years 77 | Months 2 | Days 9 | If less than one day hrs. ___ min.

9. Birthplace St. George (City, town or county) Utah (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father: 12. Name John M. Moody; 13. Birthplace England (City, town or county) (State or Country)

Mother: 14. Maiden Name Elizabeth Pool; 15. Birthplace England (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Jess Carter; (b) Address Central Arizona

17. (a) Burial, Cremation or Removal Burial; (b) Place Central; (c) Date Nov 30 1943

18. (a) Embalmer's Signature W. C. Rawlins; (b) Funeral Director Safford Ariz.; (c) Address

19. (a) December 10, 1943 (Date received by local Registrar); (b) J. Wheadon M.D. By O. N. Lopez (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 28, 1943; TIME (Hour and minute) 2-30 A.M.

21. I hereby certify that I attended the deceased from Nov. 26, 1943, to Nov 28, 1943, that I last saw her alive on Nov 27, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Decompensation — DURATION 6 Weeks

Due to Arteriosclerosis — 15 Years

Due to Hypertension — 20 Years

Due to Diabetes Mellitus

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) Means of injury

23. Signature Dr. Lorenzo Elsworth Clinic; Date signed Nov 30 1943

Address Safford

PHYSICIAN

Underline the cause to which death should be charged statistically