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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 95
Registrar's No. 11

1. Place of Death: (a) County Greenlee (b) City or Town Morenci (If outside city limits also write RURAL) (c) Location Residence – 92C-H:11 (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ——; In Community 7 yr. (Specify whether years, months or days); in Arizona 32

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

(d) Street No. 92 C-H:11 (Post Office Box 941); (e) Citizen of foreign country (yes or No) No If yes, which country ——

3. (a) FULL NAME Clark Hiram Farnsworth (b) If Veteran name war Spanish American (c) Social Security No. 526-09-9568

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

6. (b) Name of husband or wife Sophie Shirley Farnsworth | 6. (c) Age of husband or wife, if alive 70 yrs.

7. Birthdate of deceased June (Month) 10 (Day) 1874 (Year)

8. AGE: Years 70 | Months 8 | Days 13 | If less than one day hrs. ____ min. ____

9. Birthplace Champaign (City, town or county) Illinois (State or Country)

10. Usual Occupation Peace officer

11. Industry or Business Phelps Dodge Corp.

Father: 12. Name Moses Farnsworth
13. Birthplace (City, town or county) U.S.A. (State or Country)

Mother: 14. Maiden Name Helen Clark
15. Birthplace (City, town or county) U.S.A. (State or Country)

16. (a) Informant's own signature Catherine F. Kleinman
(b) Address Box 941 Morenci, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Clifton Ariz. (c) Date 2/25 1945

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director MILLEN FUNERAL HOME
(c) Address Clifton Ariz.

19. (a) 2-24-45 (Date received local Registrar)
(b) Guy Strickland (Registrar's Signature)

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

County File No. ____ Date Received ____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 23, 1945; TIME (Hour and minute) 6:45 A.M.

21. I hereby certify that I attended the deceased from March, 1939 to Feb. 23, 1945; that I last saw him alive on Feb. 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage, cerebral thrombosis — DURATION 3 years

Due to: Hypertension, Arteriosclerosis — DURATION 10 to 15 years

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations ____ Of autopsy ____

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 Robt. Q. Shelton M. D.
Address Morenci, Ariz. Date signed 2-23-45