2612

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 174
Registrar's No. 989

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Samaritan (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 wks.; In Community 26 yrs. (Specify whether years, months or days); In Arizona 26 yrs.

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

(d) Street No. 2940 N. 38th St.; (e) Citizen of foreign country (Yes or No) NO If Yes, which country

3. (a) FULL NAME David H. Claridge (b) If Veteran name war XX (c) Social Security No.

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Effie R.

6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased June 30, 1873 (Month) (Day) (Year)

8. AGE: Years 71 | Months 11 | Days 17 | If less than one day hrs. ____ min. ____

9. Birthplace Mt. Carmel, Utah (City, town or county) (State or Country)

10. Usual Occupation Co. Recorders Office

11. Industry or Business

Father: 12. Name Samuel Claridge; 13. Birthplace London, England (City, town or county) (State or Country)

Mother: 14. Maiden Name Rebecca Hughs; 15. Birthplace Dublin, Ireland (City, town or county) (State or Country)

16. (a) Informant's own signature Effie R. Claridge (b) Address 2940 N. 38th St.

17. (a) Burial, Cremation or Removal Burial (b) Place Greenwood (c) Date 6/16 1945

18. (a) Embalmer's Signature L. M. Mortensen (b) Funeral Director Mortensen-Kingsley Mortuary (c) Address Phoenix, Arizona

19. (a) JUN 21 1945 (Date received Local Registrar) (b) Robt J. Hughes M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 14, 1945
TIME (Hour and minute) 12:05 P.M.

21. I hereby certify that I attended the deceased from June 1st, 1945 to June 14, 1945; that I last saw him alive on June 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lung.

Due to: Pul. Monary Embolus

Due to:

Other conditions (Include pregnancy within three months of death):

Major findings: Of operations: None

Of autopsy:

DURATION: 4 mos. / Minutes

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 Florence Randolph M. D.
Address Phoenix Date signed 6-20-45

40M—100% Rag—6-10-44