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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. 87
Registrar's No. 3

1. Place of Death: (a) County Graham (b) City or Town Solomonville (c) Location Solomonville (Rural)
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 23 yrs.; In Arizona 23 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Solomonville (Rural)
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Okahoma Clute (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Jelma Clute 6. (c) Age of husband or wife, if alive 34 yrs.
7. Birthdate of deceased Oct 9, 1910
(Month) (Day) (Year)
8. AGE: Years 35 Months 2 Days _____ If less than one day hrs. _____ min. _____
9. Birthplace El Dorado Okla
(City, town or county) (State or Country)
10. Usual Occupation Farmer
11. Industry or Business _____
Father { 12. Name Samuel A. Clute
13. Birthplace Okla.
(City, town or county) (State or Country)
Mother { 14. Maiden Name Alice Campbell
15. Birthplace Okla.
(City, town or county) (State or Country)
16. (a) Informant's own signature S. Clute
(b) Address Safford, Ariz.
17. (a) Burial, Cremation or Removal Buried
(b) Place Safford, Ariz. (c) Date 1/11, 1946
18. (a) Embalmer's Signature _____
(b) Funeral Director W. C. Rawson
(c) Address Safford, Ariz.
19. (a) February 9, 1946
(Date received by Local Registrar)
(b) J. W. Butler
(Registrar's Signature) 1908, 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 7, 1946
TIME (Hour and minute) 11:30 A.M.
21. I hereby certify that I attended the deceased from Jan 7,
1946 to _____, 1946 to _____, 1946;
that I last saw him alive on Jan 7, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death accidental,
Crushed Skull, caused
by tree falling on
him
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
DURATION _____
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) accident
(b) Date of occurrence Jan - 7 - 46 Grham
Solomonville (City or Town) (County) (State) Ariz
(c) Where did injury occur? on his farm
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on his farm.
(Specify type of place)
While at work? yes (a) Means of injury Tractor Skull
23. Signature J. W. Butler M. D.
Address Safford Ariz Date signed 1/8/46
12-46