2373

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 74

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Graham (b) City or Town Pima (If outside city limits also write RURAL) (c) Location Home of Daughter. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ——; In Community 60 yrs (Specify whether years, months or days); In Arizona 60 yrs
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Pima (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 Sarah Ann Weech Cluff (b) If Veteran name war _____ (c) Social Security No. ——

4. Sex FM
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Heber M. Cluff.
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased Aug. (Month) 22 (Day) 1867 (Year)
8. AGE: Years 80 Months 1 Days 5 If less than one day hrs. ____ min. ____
9. Birthplace Goshen (City, town or county) Utah (State or Country)
10. Usual Occupation House wife
11. Industry or Business _____
Father 12. Name ~~xxxxx~~ Hyrum Weech
Father 13. Birthplace _____ (City, town or county) England (State or Country)
Mother 14. Maiden Name Sarah Ann ~~xxxxx~~ Dall
Mother 15. Birthplace _____ (City, town or county) England. (State or Country)
16. (a) Informant's own signature Viarl Cluff - Son
(b) Address Pima arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date Sept 30 1947
18. (a) Embalmer's Signature _____
(b) Funeral Director J. C. Rawson
(c) Address Safford, Ariz
19. (a) Oct 9, 1947 (Date received Local Registrar)
(b) J. Stratton M.D. (Registrar's Signature) Deputy O H Lopez.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 27 - 1947
TIME (Hour and minute) 2-30 A.M.
21. I hereby certify that I attended the deceased from Sept 25 1947 to Sept 24 1947; that I last saw her alive on Sept 25 1947 and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia
Due to Cardiac decompensation
Due to Carcinoma of liver, metastasis
Other conditions _____ (Include pregnancy within three 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) _____
(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 F. W. Butler M.D. M. D.
Address Safford, Date signed Sept. 29/47

40M—100% Rag—6-45