2375

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

105

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No.
Registrar's No. 11

1. Place of Death: (a) County Greenlee (b) City or Town Clifton (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution —; In Community 7 years (Specify whether years, months or days); In Arizona Life
2. Usual Residence of Deceased: (a) State Ariz; (b) County Greenlee; (c) City or Town Clifton (If outside city limits also write RURAL)
(d) Street No. —; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
3. (a) FULL NAME Sylvester Eugene Tippets (b) If Veteran name war — (c) Social Security No. 311-35-37

4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Alice Tippets
6. (c) Age of husband or wife, if alive 64 yrs.
7. Birthdate of deceased May 21st (Month) (Day) 1882 (Year)
8. AGE: Years 65 Months 3 Days 22 If less than one day hrs. min.
9. Birthplace Safford (City, town or county) Ariz (State or Country)
10. Usual Occupation Jailor
11. Industry or Business County Jail
Father 12. Name Hiram Tippets
13. Birthplace (?) (City, town or county) Idaho (State or Country)
Mother 14. Maiden Name Ellen (?)
15. Birthplace Don't know (City, town or county) (State or Country)
16. (a) Informant's own signature Jack Tippets
(b) Address Clifton Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Clifton (c) Date 9/15 1947
18. (a) Embalmer's Signature J. McMillen
(b) Funeral Director McMILLEN FUNERAL HOME
(c) Address Clifton Ariz
19. (a) 9-23-47 (Date received Local Registrar)
(b) M. Davenham Jr. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 13 Sept. 1947
TIME (Hour and minute) approx 12:00 midnight
21. I hereby certify that I ~~attended~~ saw the deceased ~~from~~ 19 to 19;
that I last saw him ~~alive~~ dead on September 13, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Natural causes
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations None
none
Of autopsy none

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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none
23. Signature W. V. Oliy, Coroner J.P. M. D.
Address Clifton Date signed 9-13-47

40M—100% Rag—6-10-44