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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No.
Registrar's No. 212

1. Place of Death: (a) County Cochise (b) City or Town Douglas (rural) (If outside city limits also write RURAL) (c) Location Co. Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day; In Community 23 years (Specify whether years, months or days); In Arizona 30 years

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Cochise; (c) City or Town Douglas (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 Clyde Buss (b) If veteran name war I (c) Social Security No.

4. Sex: Male

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

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

6. (b) Name of husband or wife

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

7. Birthdate of deceased: Dec (Month) 7 (Day) 1885 (Year)

8. AGE: Years 62 | Months 0 | Days 14 | If less than one day hrs. min.

9. Birthplace: Carlsbad (City, town or county) New Mexico (State or Country)

10. Usual Occupation: Ranch Hand

11. Industry or Business

Father
12. Name: William Buss
13. Birthplace: Unknown (City, town or county) Miss. (State or Country)

Mother
14. Maiden Name: Susan Chisum
15. Birthplace: Unknown (City, town or county) Texas (State or Country)

16. (a) Informant's own signature: Dr. P. Henderson
(b) Address: Las Cruces, N. Mex.

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Douglas (c) Date: 12-23-47

18. (a) Embalmer's Signature: [illegible]
(b) Funeral Director: Brown-Page
(c) Address: Douglas, Ariz.

19. (a) Dec. 22 - 1947 (Date received Local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-21-47, 19..;
TIME (Hour and minute) 10:25 PM M.

21. I hereby certify that I attended the deceased from 12/20, 1947 to 12/21, 1947 that I last saw him alive on 12/21, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Wound, lung, rt, lacerated — 1 day

Due to: 2) Fracture of skull, basilar — 1 day

Due to:

Other conditions: Wound, rt. forehead — 1 day
(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): accident
(b) Date of occurrence: 12/19/47
(c) Where did injury occur? Agua Prieta, Mexico (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place. (Specify type of place)
While at work? no (e) Means of injury: not known

23. Signature: R. B. Montgomery, M. D.
Address: Douglas, Ariz. Date signed: 12/22/47

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