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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 102
Registrar's No. 6.

1. Place of Death: (a) County Graham (b) City or Town Central (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 60 yrs (Specify whether years, months or days); In Arizona 65 yrs
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Central (If outside city limits also write RURAL)
(d) Street No. Rural. (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Eliza Ellen 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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased Dec (Month) 4 (Day) 1872 (Year)
8. AGE: Years 76 Months 1 Days 26 If less than one day hrs. ..... min.
9. Birthplace Fountain Green Utah (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name George Coombs.
13. Birthplace (City, town or county) England (State or Country)
Mother 14. Maiden Name Paulina Guldbranson
15. Birthplace (City, town or county) Norway (State or Country)
16. (a) Informant's own signature X E. G. Cluff
(b) Address Central Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Central Ariz (c) Date Feb 1 1948
18. (a) Embalmer's Signature
(b) Funeral Director B. C. Rawson
(c) Address Safford Ariz
19. (a) Feb 9th, 1948 (Date received Local Registrar)
(b) J. V. Shelton M.D. (Registrar's Signature) Deputy O. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 8 D, 1948
TIME (Hour and minute) 10 P. M.
21. I hereby certify that I attended the deceased from Dec 10, 1947 to Jan 30, 1948, that I last saw her alive on Jan 29, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to Pelvic Surgery
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION 3 days.

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 Samuel Elsworth M.D.
Address Safford Date signed 2/1/48

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