

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

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2626

Registrar's No. 7219

1. Place of Death: (a) County Dea (b) City or Town Miami (c) Location 612 Merid St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 7 yrs; In Arizona 11 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Dea; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 612 Merid Street; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Clinton M^e Clendon (b) If veteran name war None (c) Social Security No. 487-01-3394

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced _____
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife, if alive 27 yrs.
7. Birthdate of deceased Nov 21 1901
(Month) (Day) (Year)
8. AGE: Years 46 Months 4 Days 16 hrs. _____ min. _____
9. Birthplace Denver Colorado
(City, town or county) (State or Country)
10. Usual Occupation Manager Standard State Douglas
11. Industry or Business _____
12. Name Levi M^e Clendon
13. Birthplace unknown unknown
(City, town or county) (State or Country)
14. Maiden Name Nettie Clinton
15. Birthplace unknown Missouri
(City, town or county) (State or Country)

16. (a) Informant's own signature Florence E. McClendon
(b) Address Miami Arizona
17. (a) Burial, Cremation or Removal Reburial
(b) Place Phoenix Ariz (c) Date April 11 1948
18. (a) Embalmer's Signature Dr. Roy Jones Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Arizona
19. (a) April 12 1948
(Date received (Local Registrar))
(b) Virgil S. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) April 7 1948
TIME (Hour and minute) 9:35 A.M.
21. I hereby certify that I attended the deceased from April 1947
to April 7 1948
that I last saw him alive on April 6 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of the right lung.
Due to _____
Due to _____
Other conditions (include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
2 yrs
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? _____
23. Signature Robert M. Wade M.D.
Address Miami, Arizona Date signed 4-12-48