

982

E822.4

2905

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

REGISTRAR'S NO. 39

05-03
IF DEATH
NO 76
0309
RESIDENCE
6

IDENT
ONAL
TA/36
0
649

USE
OF
ATH
A 18) 0

TIONS,
OPSY

ATH
TO
RNAL
ENCE

ICAL
ONER'S
CATION

ERAL
CTOR
ND
TRAR

1. PLACE OF DEATH A. COUNTY <u>Safford Graham Co.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Pima</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>26 yrs 36 yrs</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Morris-Squibb</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>920- 8th Ave</u>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>DELLAS</u> B. (MIDDLE) <u>GLYN</u> C. (LAST) <u>CLUFF</u>		4. SEX <u>M</u>	5. COLOR OR RACE <u>W</u>
6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH <u>June 3 1913</u>	8. AGE YEARS <u>36</u> MONTHS <u>X</u> DAYS <u>4</u>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Electrician</u>		9B. KIND OF BUSINESS OR INDUSTRY <u>Electrical Pima</u>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Pima</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes, World War 2</u>		13. SOCIAL SECURITY NO. <u>-</u>	
14A. FATHER'S NAME <u>Alfred M Cluff</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Pima Ariz</u>	
15A. MOTHER'S MAIDEN NAME <u>Ella Hague</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Pima Ariz</u>	
16. INFORMANT'S SIGNATURE <u>A. M. Cluff</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 17-49</u>	
18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Fracture of lower chest cage (ribs)</u> ANTECEDENT CAUSES (b) <u>Rupture of kidney (Rt)</u> MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) <u>Shock.</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT (SPECIFY) <u>Car accident</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Power highway</u>	
21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Safford Graham Ariz</u>		21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) <u>June 17 1949 1:30 AM</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Traffic accident</u>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1:30 am June 17 1949</u> ALIVE ON <u>6/17</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>9 AM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>W. Knight M.D.</u>		23B. ADDRESS <u>Safford Ariz</u>	
23C. DATE SIGNED <u>6/20/49</u>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>June-20/49</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Ariz</u>	
25A. DATE REC'D BY LOCAL REGISTRAR <u>July 9, 1949</u>		25B. REGISTRAR'S SIGNATURE <u>W. C. Rawson</u>	
25C. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson</u>		25D. ADDRESS <u>Safford, Ariz</u>	